

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

PRINTED: 02/28/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150113		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/07/2024	
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUN				STREET ADDRESS, CITY, STATE, ZIP COD 1515 N MADISON AVE ANDERSON, IN 46011			
(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: IN00400656 - Deficiency related to the allegation is cited.</p> <p>Date of Survey: 02/07/24</p> <p>Facility Number: 005100</p> <p>QA: 2/13/2024</p>			S 0000			
S 0930 Bldg. 00	<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 failed to ensure complete documentation of repositioning taking place in 1 of 5 medical records reviewed (patient 3).</p> <p>Findings include:</p> <p>1. Review of policy titled: Documentation in the Electronic Medical Record, PolicyStat ID 6619677, last revised 7/2020 and in effect 12/2022, RN is responsible to ensure all documentation, including care delegated or provided by other healthcare team members, is complete before the</p>			S 0930	<p><u>Plan of Correction</u></p> <p>Patient Care Tasks and Delegation Policy and Documentation in the Electronic Medical Record policies assigned to all Senior Patient Care Techs (PCT), Registered Nurses (RN) and Licensed Practical Nurses (LPN) 2/20/2024 with a review due date of 2/28/2024.</p> <p>Create a SmartPhrase ".delegation" for RNs to add to</p>		03/01/2024

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

TITLE

(X6) DATE

Lois Meeker

Quality Director

02/27/2024

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>end of his/her shift, as listed in the EMR required documentation. Any assessment or task performed that requires interval evaluation or documentation will be entered at time of completion.</p> <p>2. Review of patient 3's medical record indicated a doctors order for repositioning every 2 hours on admission. The medical record also indicated a lack of repositioning documentation every 2 hours in the patient's electronic flowsheet. Patient turns/repositions were short the ordered 12 times per day for 11 of 11 days while in facility.</p> <p>3. On 2/07/24 at approximately 2:00 pm, A2 (Patient Safety & Risk Manager) confirmed that staff did not document repositioning of patient 3 as ordered and per PolicyStat ID 6619677.</p>				<p>notes stating "documentation for all delegated tasks reviewed this shift by this primary caregiver. Share information in unit huddles 2/21/2024-3/1/2024.</p> <p>Create and distribute Patient Care Tech (PCT) charting frequency guide. Completed 2/21/2024.</p> <p>Develop and distribute staff education regarding documentation of every two hour patient repositioning as ordered to be completed by 3/1/2024.</p> <p>Implement process to include every two hour turn orders during caregiver-to-caregiver communication during shift-to-shift handoff, Quality Discharge Rounds and/or signage on the units. Completed 2/23/2024.</p> <p>Implement process for turns to be added to the assignment board. Completed 2/21/2024.</p> <p>Create laminated magnetic turn schedules to be placed on the door frame of patients with an order for every two hour turns. Completed 2/21/2024.</p> <p>Create tool for Patient Care Coordinators (PCC) to use to audit all patients with an every two hour turn order for documentation of turns every 2 hours, magnets on doors, and turns listed on the assignment board. Unit Manager</p>		

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			<p>to follow up on any identified non-compliance. Completed 2/23/2024.</p> <p>Implement process to notify the Wound Ostomy Continence RNs of patient refusal to be repositioned every two hours as ordered. The Wound Ostomy Continence RN will meet with patient to provide education.</p> <p><u>Monitoring Plan to Prevent Recurrence</u></p> <p>Create tool for PCCs to use to audit all patients with an every two hour turn order for every two hour turns, magnets on doors, and turns on assignment board. Unit Manager to follow up on any identified non-compliance. Audits will be completed daily for three months, then weekly for three months or until processes are hardwired, then monthly for six months to ensure sustained compliance. Tool created and audits initiated 2/23/2024.</p> <p>PCCs will audit one random chart for each nurse every shift to ensure the primary nurse has reviewed the delegated tasks. Audits will be completed daily for three months, then weekly for three months until processes are hardwired, then monthly for six months to ensure sustained compliance. Audits initiated</p>		

