

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

PRINTED: 03/10/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150017		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/15/2024	
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804			
(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: IN00402031 - Deficiency related to the allegation is cited at tag S932.</p> <p>Date of Survey: 02/15/24</p> <p>Facility Number: 005016</p> <p>QA: 2/21/2024</p>			S 0000	<p>Thank you for the opportunity to address concerns outlined in your letter dated February 21, 2024. Lutheran Hospital is dedicated to providing compassionate, quality care with the best possible experience to every patient, every time, and to making a positive impact on our community.</p>		
S 0932 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(4)</p> <p>(b) The nursing service shall have the following:</p> <p>(4) The nursing staff shall develop and utilize an ongoing individualized plan of care based on standards of care for each patient.</p> <p>Based on document review and interview, staff failed to ensure that any unresolved pain present at discharge was addressed for continuity of care in 1 of 5 medical records reviewed (patient 2).</p> <p>Findings include:</p> <p>1. Review of policy titled: (PCS.03.18) Pain Assessment and Management, last revised 6/2020 and in effect 2/2023, staff responsibilities in managing pain include acknowledge patient's report of pain, educate the patient about pain and</p>			S 0932	<p>Complaint Number: IN00402031 Found to be substantiated; State deficiency related to the allegation is cited. Date of Survey:2/15/2024 ID PREFIX TAG:S932</p> <p>In response to complaint number IN00402031 for Lutheran Hospital, Fort Wayne, Indiana. The below information has been addressed to correct the deficiency 410 IAC 15-1.5-6.</p>		03/22/2024

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

TITLE

(X6) DATE

Rhonda Culbertson

Quality Coordinator, Regulatory

03/06/2024

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>relief, incorporate pain into the care planning process and ensure that any unresolved pain present at discharge is addressed for continuity of care. All patients have a right to have their pain managed and will receive prompt assessment and management of pain. A pain score 4 or greater suggests potential need for intervention. Pain education and how it was completed should be documented.</p> <p>2. Review of patient 2's medical record indicated patient rated a pain score of 6 out of 10 on 2/16/23 at approximately 8:48 am and again at 11:00 am. Patient's MR's lacked documentation of staff's education, interventions, or reassessment of pain/management prior to discharge at approximately 2:39 pm.</p> <p>3. On 2/15/24 at approximately 12:15 pm, A2 (Director of Quality) confirmed that staff did not document education, interventions or reassessment of patient 2's pain prior to discharge on 2/16/23, per policy.</p>				<p>Thank you for the opportunity to address concerns outlined in your letter dated February 21, 2024. Lutheran Hospital is dedicated to providing compassionate, quality care with the best possible experience to every patient, every time, and to making a positive impact on our community.</p> <p><u>1.How are you going to correct the deficiency?</u></p> <p>A On 2/23/24 a group of leaders met to discuss the factors related to the deficiency related to management and documentation of pain in the Emergency Department . This group included the Director of the Emergency Department, the Manager of the Emergency Department, the Director of Regulatory and Risk Management, and the Director of Quality and Infection Prevention. It was determined that the emergency department staff had a lack of awareness of the expectations for managing and documenting pain with their patients.</p> <p>B On 2/26/24, all current Emergency Department nurses were assigned the online learning module 2024 CHS Pain Management - CLIN-20240102 with a due date of 3/22/24. This lesson covers all aspects of pain management including acknowledging the patient's report</p>		

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			<p>of pain, educating the patient about pain and relief, incorporating pain into the care planning process and ensuring that any unresolved pain present at discharge is addressed for continuity of care. This online learning module will be assigned to all new Emergency Department nurses upon hire, to be completed within 30 days.</p> <p>C All current Emergency Department nurses will complete an attestation to demonstrate their understanding of pain management as outlined above in 1.B by 3/22/24. The attestation will be completed by all new Emergency Department nurses within 30 days of hire.</p> <p>2. How are you going to <u>prevent</u> the deficiency from occurring in the future?</p> <p>1.The Emergency Department will conduct regular audits of charts and staff to ensure that education and policies are being followed regarding patient reports of pain during emergency department visit, and interventions thereafter which can include: patient education, non-pharmacological interventions, pharmacological interventions, and/or rationale as to why intervention(s) is/are not appropriate.</p> <p>2.Regular audits will be completed on a monthly basis as</p>		

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			<p>follows:</p> <p>I Thirty audits per month until 90% compliance of pain management of the emergency department patient has been achieved for 3 consecutive months. The results of these audits will be reported to the Chief Nursing Officer and to the Quality Council on a monthly basis.</p> <p>1.Lutheran Hospital will reinforce that the specific network policy is followed by ensuring corrective action is taken for remediation for non-adherence of the policy among staff as follows:</p> <p>I All online learning modules and attestations must be completed for current emergency department nursing staff by the date listed below in section four (4). Failure to complete modules will result in the employee not being able to return to work until the competency and attestation has been completed.</p> <p>II Corrective action will occur for non adherence to the pain management policy as stated in the CHSPSC, LLC Employee Handbook: The disciplinary action that is appropriate for any particular act or misconduct depends upon many factors including the employee's length of service, prior disciplinary record, the seriousness of the misconduct, and the impact of the misconduct on others. The disciplinary action that is</p>		

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			<p>administered for any particular act or misconduct rests in the employer's sole discretion. Examples of disciplinary action include, in no particular order, informal counseling, verbal and/or written warnings, investigative or disciplinary suspension, probation, demotion and separation.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above? The Director of the Emergency Department will be responsible for ensuring that actions listed in numbers 1 and 2 are completed.</p> <p>4. <u>By what date are you going to have the deficiency corrected?</u> All corrective actions will be completed by 3/22/2024.</p>		