

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

PRINTED: 05/13/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151318		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/05/2024	
NAME OF PROVIDER OR SUPPLIER DUKES MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 275 W 12TH ST PERU, IN 46970			
(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: IN00430040 - State deficiency related to the allegations is cited at S0930. Date of Survey: 4/4/24 and 4/5/24 Facility Number: 005062			S 0000			
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 the facility failed to ensure a Registered Nurse followed facility policy related to pain assessments/reassessments for 1 of 5 patients (Patient #1). Findings include: 1. Facility policy titled "(PCS.03.18) Pain Assessment and Management" with a published date of 9/2022 indicated the following: "V. ACTION DIRECTIVES: A. All patients have the right to have their pain managed. B. Patient will receive prompt assessment and management of pain. Clinical staff will conduct periodic reassessments of the patient for relief from pain and/or responses to treatment. VI.			S 0930	Staff working directly with the deficient record were immediately reeducated. Pain assessment hard stops within the electronic medical record to trigger pain assessment for each patient. ="" p=""> The systemic steps made to ensure the deficiency does not recur include a review of both policies Pain Assessment/Reassessment (PCS.03.18) and Dismissing a Patient from the Emergency Department Room (ED.03.11.02) and policies met standard,		04/26/2024

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

TITLE

(X6) DATE

Shalon

Johnson-Taylor

05/09/2024

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 disclosable 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>DOCUMENTATION: B. Patient's pain assessments and pain intervention, and reassessment should be documented in the Electronic Medical Record."</p> <p>2. Facility policy titled "(ED.03.11.02) Dismissing a Patient from the Emergency Department (ED)" with a published date of 11/2021 indicated the following: "III. ACTIONS: N. Vital Signs (v/s) including b/p (blood pressure, HR (heart rate), respirations, pain and temperature if indicated should be reassessed within 30 minutes of discharge for patients with an ESI (Emergency Severity Index) score of 1, 2, or 3, and those with abnormal v/s on their previous assessment regardless of ESI score."</p> <p>3. A review of Patient #1's medical record indicated the following:</p> <p>(a.) Review of a triage note for Patient #1 dated 2/26/24 at 8:57 p.m. indicated the patient's chief complaint was abdominal pain and bloating with onset of tonight. Patient #1 indicated that the pain was located in their lower abdomen and the pain level was 8 out of 10.</p> <p>(b.) Review of the Emergency Department physician note by MD1 (Doctor of Medicine/Emergency Medicine) for Patient #1 dated 2/26/24 at 9:35 p.m. indicated a physician order for Toradol 30 milligrams (mg) via IV (intravenous) push, one time.</p> <p>(c.) A review of the medication administration record for Patient #1 indicated the patient was administered Toradol 30 mg IV on 2/26/24 at 10:41 p.m. The medical record for Patient #1 lacked a pain level assessment prior to and after the administration of the pain medication.</p>				<p>therefore no recommendation for changes were made. The Network Emergency Department Clinical Educator and hospital Clinical Educator provided training on the policies with a focus on pain management including assessment, prompt reassessment for intervention and documentation in the electronic medical record as outlined in the policy. The educational training also included the assessment of patients prior to dismissal from the Emergency Department including reassessment of vital signs and pain level within thirty minutes of discharge according to results and the emergency severity index. The educational training was conducted during unit meetings and discussions and was completed on April 26, 2024. All new hires will be educated during department orientation on policy expectations.</p> <p>The corrective actions will be monitored to ensure the deficiency will not recur. Monitoring includes audits of documentation of pain assessment, pain intervention reassessment and reassessment of vitals and pain level prior to discharge will be conducted weekly. Benchmark is 100% for 3 consecutive months then quarterly for a year to be included in the departmental performance improvement initiatives dashboard and reported at the Quality</p>		

