STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152012	A. BUILDING 00 B. WING	02/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL NORTHWEST INDIANA	5454 HOHMAN AVE 5TH FL HAMMOND, IN 46320

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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: IN00201823 Substantiated: deficiencies related to the allegations were cited. Date: 2/27/18 Facility Number: 008899 QA: 5/10/18	S 0000	S912/ 410 IAC 15-1.5-6 NURSING SERVICES 410 IAC 15-15.6 (A)(2)(B)(i)(ii)(iii)(iv)(v) Immediate Correction: All patient charts were reviewed immediately to ensure a daily CHG bathing order and perineal care was ordered. Any patients identified lacking orders were corrected immediately. A policy addendum to policy H IC 02-013 was revised to include a daily chlorhexidine bath for all patient's without a documented allergy to CHG, any patient with a documented allergy to CHG will proceed with a routine bath excluding CHG. Systemic Change: Additional oversight was identified as the need and assigned to nursing services. A policy addendum was added to include daily bathing for all patients, and guidelines for linen change. Plan of Correction: All staff members providing direct patient care relating to bathing were reinstructed on the policy H-IC-02-013 Chlorhexidine Bathing and guidelines for hygiene, and changing patient's linens/gowns via huddles. Education will be repeated through our in-servicing program	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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			and unit meetings. Completion of education will be complied by the Clinical Educator and communicated to the Chief Clinical Officer weekly. Deficiency Prevention: Upon admission of the patient, the admitting nurse will initiate daily bathing orders via a prebuilt order set located in the electronic medical record based on the physician's order. Once the task has been completed by the assigned individual, the staff member will execute the order, and document utilizing the hygiene pathway. A multi-patient flowsheet for all patients will be generated daily by rounding leaders, any documentation missing will be corrected, and staff will be remediated. The clinical educator will perform weekly auditing for daily bathing documentation and compliance per policy. The clinical educator will communicate the results weekly to the Chief Clinical Officer. Any staff identified non- compliant will immediately be remediated. Trending and patterns will be reported to the Patient Safety & Reliability Committee for further recommendations and to Governing Board for oversight. Assigning Accountability: The Chief Clinical Officer is ultimately responsible for preventing the deficiency.	

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			S 930 410 IAC 15-15.6 NURSING SERVICES 410 IAC 15-15.6 (b)(3) Immediate Correction: All patients' charts were reviewed for weight measurement orders immediately and any identified charts lacking weight measurement orders were corrected. No patients at this time were identified. Systemic Change: Additional oversight was identified as the need, and assigned to nursing and dietary services. Plan of Correction: All nursing staff will be reinstructed on policy # H-PC-04-011 Weight Measurement. Completion of education will be complied by the Clinical Educator and communicated to the Chief Clinical Officer weekly until all appropriate staff have completed training. Upon patient admission the admitting nurse will order a weigh measurement per the physician's order. Weight measurement orders include but not limited to: daily, weekly, and 3 times per week based on a patient assessment and presentation. Prevention of Deficiency: Following the patients admission,	

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			the electronic medical record is reviewed by the dietitian within 72 hours and reviews the patients EMR to ensure a weight measurement is ordered. Additionally, the dietitian places the weight measurement order on the daily assignment sheet utilized by nursing services. Prior to a weight measurement, the assigned staff member reviews the previous weight to ensure a proper weight is obtained. In the event a current weight has a 5 pound difference, the assigned staff member will rezero the bed and obtain a new weight. The registered nurse will have oversight of weights. The use a standing scale is preferred. All patients' charts are reviewed by the dietitian daily, 3 times per week, or weekly based on the physicians order for proper weight management. Weight changes are reported to the registered nurse for notification to physician. A weekly audit is communicated to nursing services and the Chief Clinical Officer weekly on the number of patients weighed on time and if weights exceed a +/- 5 pound difference. Schedules of daily and 3 times per week weights are communicated to the nursing supervisor. The dietitian additionally discusses the patient's weight measurement during the weekly interdisciplinary patient	

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			conference weekly. Any identification is communicated to the primary nurse immediately. Trending and patterns will be reported to the Patient Safety and Reliability Committee for further recommendations and to Governing Board for oversight. Assigning Accountability: The Chief Clinical Officer is ultimately responsible for preventing the deficiency. S946 410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-7 (c)(4) Immediate Correction: All in house patients' medications were reviewed for proper dose and route as ordered by the physician. No patients were identified at that time. Systemic Change: Additional oversight was identified as the need, and assigned to nursing services and pharmacy. Plan of Correction: Nursing staff will be reinstructed on policy # H-MM-05-007 Administration of oral medications, which includes the 7 rights to medication administration. Completion of education will be compiled by the	

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			clinical educator and/or designee and communicated to the Chief Clinical Officer weekly. Deficiency Prevention: All patients' medications will be reviewed by the pharmacy staff upon admission and once a week during interdisciplinary team meetings for the correct route, dose, and correct drug as ordered by the physician. Any discrepancies found will be corrected by the pharmacy staff after collaborating with the ordering physician. The pharmacy will communicate with the registered nurse when discrepancies are identified. Medication administration pass audits are completed monthly auditing 30 staff members administrating medications. Observations are completed by nursing services, respiratory services, and pharmacy services. Trending will be reported to Patient Safety and Reliability Committee and to Governing Board for oversight. Assigning Accountability: The Chief Clinical Officer will ultimately be responsible for deficiency compliance.	
S 0912 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii)			

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	(iii)(iv)(v) (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: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital. Based on interview, the nurse executive failed to establish standards of nursing care due to lack of policy and procedure related to guidelines for patient hygiene and/or changing patient linens/gowns in 1 facility. Findings include: 1. Staff 2 (Chief Clinical Officer) was	S 0912	S912/ 410 IAC 15-1.5-6 NURSING SERVICES 410 IAC 15-15.6 (A)(2)(B)(i)(ii)(iii)(iv)(v) Immediate Correction: All patient charts were reviewed immediately to ensure a daily CHG bathing order and perineal	07/25/2018

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	interviewed on 2/27/18 at approximately 1335 hours and confirmed, there is no policy related to patient hygiene, other than the policy for Chlorhexidine Bathing that does not address daily bathing for all patients. There is no policy related to changing patient linens/gowns.		care was ordered. Any patients identified lacking orders were corrected immediately. A policy addendum to policy H IC 02-013 was revised to include a daily chlorhexidine bath for all patient's without a documented allergy to CHG, any patient with a documented allergy to CHG will proceed with a routine bath excluding CHG. Systemic Change: Additional oversight was identified as the need and assigned to nursing services. A policy addendum was added to include daily bathing for all patients, and guidelines for linen change. Plan of Correction: All staff members providing direct patient care relating to bathing were reinstructed on the policy H-IC-02-013 Chlorhexidine Bathing and guidelines for hygiene, and changing patient's linens/gowns via huddles. Education will be repeated through our in-servicing program and unit meetings. Completion of education will be complied by the Clinical Educator and communicated to the Chief Clinical Officer weekly. Deficiency Prevention: Upon admission of the patient, the admitting nurse will initiate daily bathing orders via a prebuilt order set located in the electronic medical record based on the	

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			physician's order. Once the task has been completed by the assigned individual, the staff member will execute the order, and document utilizing the hygiene pathway. A multi-patient flowsheet for all patients will be generated daily by rounding leaders, any documentation missing will be corrected, and staff will be remediated. The clinical educator will perform weekly auditing for daily bathing documentation and compliance per policy. The clinical educator will communicate the results weekly to the Chief Clinical Officer. Any staff identified non- compliant will immediately be remediated. Trending and patterns will be reported to the Patient Safety & Reliability Committee for further recommendations and to Governing Board for oversight. Assigning Accountability: The Chief Clinical Officer is ultimately responsible for preventing the deficiency.	
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, nursing	S 0930	S 930 410 IAC 15-15.6 NURSING	07/25/2018

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	staff failed to supervise and evaluate care related to patient weight on admission and/or daily/weekly and/or per Physician Order, for 6 of 6 (#1, 2, 3, 4, 5 and 6) and daily bathing for 1 of 6 (#1) patient medical records reviewed. Findings include: 1. Review of policy #PRO: H-PC 04-029 titled, "Weight Measurement", revised/reapproved 8/13, indicated on pg: A. 1, under Hospital Division section, bulleted points, "Weight within 24 hr (hours) of admission; Weekly thereafter, or; Physician's Order." B. 2, under Procedure section, point 9., "Note: If patient has a 5 pound or more difference from the most recent weight, the scale shall be re-balanced, the 'rough-calibration' completed, and the weight taken again to confirm accuracy. Request a licensed nurse to verify re-weigh for accuracy and documentation purposes". 2. Review of policy #HD: H IC 02-013, NCD: POL 628-17 titled, "Chlorhexidine Bathing", revised/reapproved 2/14, indicated on pg. 1, under Components section, points 2 and 3, "Any patient admitted with a central line may be bathed with a 2% CHG (Chlorhexidine) product daily from admission or with the initiation/insertion of a central line or PICC (peripherally inserted central catheter)...Patient scheduled for insertion of a central line or PICC may be bathed with 2% CHG either prior to the insertion of the line or within 24 hours of the insertion of the line and then daily". 3. Review of patient medical records (MRs) on 2/27/18 at approximately 1400 hours indicated patient: A. 1:		SERVICES 410 IAC 15-15.6 (b)(3) Immediate Correction: All patients' charts were reviewed for weight measurement orders immediately and any identified charts lacking weight measurement orders were corrected. No patients at this time were identified. Systemic Change: Additional oversight was identified as the need, and assigned to nursing and dietary services. Plan of Correction: All nursing staff will be reinstructed on policy # H-PC-04-011 Weight Measurement. Completion of education will be complied by the Clinical Educator and communicated to the Chief Clinical Officer weekly until all appropriate staff have completed training. Upon patient admission the admitting nurse will order a weigh measurement per the physician's order. Weight measurement orders include but not limited to: daily, weekly, and 3 times per week based on a patient assessment and presentation. Prevention of Deficiency: Following the patients admission, the electronic medical record is reviewed by the dietitian within 72 hours and reviews the patients	

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	a. admit weight on 4/4/16 was 180.2 pounds via bed scale. Physician Orders indicated weekly weights were to be done starting 4/10/16. MR lacked a weekly weight for 4/10/16. b. Nurse's Notes indicated a left arm PICC line in place and the medical record (MR) lacked documentation of a daily bath with 2% Chlorhexidine on 4/11/16, 4/12/16, 4/15/16 and 4/26/16. B. 2, Physician Orders indicated daily weights were to be done starting 2/14/18. Admit weight on 2/13/18 was 336 pounds via bed scale. MR lacked a daily weight for 2/14/18, 2/16/18, 2/17/18, 2/21/18, and 2/23-2/26/18. Weight was documented via bed scale as 334.2 pounds on 2/20/18 then 297.6 pounds two days later on 2/22/18, which is a 36.6 pound loss. MR lacked corrective action related to possible discrepancy/inaccuracy of weight via bed scale. C. 3, Physician Orders indicated weekly weights were to be done starting 1/21/18. MR lacked a weight on admission on 1/17/18. MR lacked a weekly weight for 2/4/18, 2/11/18 and 2/25/18. First weight was documented via bed scale as 271 pounds on 1/19/18 then 257.5 pounds two days later on 1/21/18, which is a 13.5 pound loss. Weight was documented via bed scale as 334.2 pounds on 2/20/18 then 297.6 pounds two days later on 2/22/18, which is a 36.6 pound loss. Weight was documented via bed scale as 259.1 pounds on 1/23/18 then 299.3 pounds one day later on 1/24/18, which is a 40.2 pound gain. Weight was documented via bed scale as 277.09 pounds on 2/18/18 then 291.6 pounds one day later on 2/19/18, which is a 14.51 pound gain. Weight was documented via bed scale as 296 pounds on 2/22/18 then 279.4 pounds five days later on 2/27/18, which is a 16.6 pound loss. MR lacked corrective action related to possible		EMR to ensure a weight measurement is ordered. Additionally, the dietitian places the weight measurement order on the daily assignment sheet utilized by nursing services. Prior to a weight measurement, the assigned staff member reviews the previous weight to ensure a proper weight is obtained. In the event a current weight has a 5 pound difference, the assigned staff member will rezero the bed and obtain a new weight. The registered nurse will have oversight of weights. The use a standing scale is preferred. All patients' charts are reviewed by the dietitian daily, 3 times per week, or weekly based on the physicians order for proper weight management. Weight changes are reported to the registered nurse for notification to physician. A weekly audit is communicated to nursing services and the Chief Clinical Officer weekly on the number of patients weighed on time and if weights exceed a +/- 5 pound difference. Schedules of daily and 3 times per week weights are communicated to the nursing supervisor. The dietitian additionally discusses the patient's weight measurement during the weekly interdisciplinary patient conference weekly. Any identification is communicated to the primary nurse immediately.	

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	discrepancy/inaccuracy of weight via bed scale. D. 4, Physician Orders indicated weekly weights were to be done starting 1/28/18. MR lacked a weekly weight for 2/4/18, 2/11/18, 2/18/18 and 2/25/18. First weight was documented via bed scale as 353.1 pounds on 1/26/18 then 162.8 pounds two days later on 1/28/18, which is a 190.3 pound loss. MR lacked corrective action related to possible discrepancy/inaccuracy of weight via bed scale. E. 5, Physician Orders indicated weights were to be done 3 times per week on Monday, Wednesday and Friday starting 1/10/18. MR lacked a weight for 1/15/18, 1/17/18, 1/22/18, 2/5/18, 2/7/18, 2/9/18, 2/16/18, 2/21/18 and 2/26/18. MR lacked admit weight on 1/7/18. First weight was documented via bed scale as 165.5 pounds on 1/9/18. Weight was documented via bed scale on 2/4/18 as 186.07 pounds then 169.5 pounds two days later on 2/6/18, which is a 16.5 pound loss. Weight was documented via bed scale as 188.5 pounds on 2/12/18 then 140.6 pounds one day later on 2/13/18, which is a 48.8 pound loss. MR lacked corrective action related to possible discrepancy/inaccuracy of weight via bed scale. F. 6, Physician Orders indicated daily weights were to be done starting 1/8/18 and then changed to weekly on 1/14/18 until order was discontinued on 2/10/18 at which time weekly weight would be reinstated per policy. MR lacked a daily weight for 1/9/18 and a weight was not documented on 1/14/18. MR lacked a weekly weight for 1/21/18, 1/28/18, 2/11/18, 2/18/18 and 2/25/18. 4. Staff 1 (Director of Quality Management) was interviewed on 2/27/18 at approximately 1220 hours and confirmed, daily weights are tasked to		Trending and patterns will be reported to the Patient Safety and Reliability Committee for further recommendations and to Governing Board for oversight. Assigning Accountability: The Chief Clinical Officer is ultimately responsible for preventing the deficiency.	

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	C.N.A.'s (Certified Nursing Assistants), but oversight should be done by the R.N.(Registered Nurse) caring for the patient. The above-mentioned patient MR's lacked documentation of weights on admission and/or per Physician Orders and/or daily/weekly. Approximately two weeks ago the facility implemented a weight team consisting of two C.N.A.'s on staff who come in and weigh all patients weekly. However, there are still discrepancies in weights from day to day and lack of documentation of daily/weekly weights. This staff member stated they were unsure if staff are re-balancing the bed scales when there is a 5 pound or more weight difference and re-weighing patients as required per facility policy and procedure. 5. Staff 2 (Chief Clinical Officer) was interviewed on 2/27/18 at approximately 1335 hours and confirmed, policy states 2% CHG cloths are to be used daily on patients with a central line or (PICC), but the expectation is to bathe all patients daily by either the C.N.A. or the R.N. and document it in the patient's MR. Patient 1 had a PICC line and lacked documentation of daily bathing with 2% CHG.			
S 0946 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-7 (c)(4) (c) Drugs and biologicals shall be prepared for administration and administered as follows: (4) In accordance with the signed written orders of the practitioner or practitioners responsible for the patient's care. When verbal or telephone orders are used they shall			

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	be accepted only by personnel that are authorized to do so by the medical staff rules. Based on document review and interview, nursing staff failed to administer medications via the "right" dose and/or "right" route per physician order for 1 of 6 (#1) patient medical records reviewed. Findings include: 1. Review of policy #H-MM 05-001 PRO titled, "Administration of Medications", revised/reapproved 5/15, indicated on pg. 1, under Procedure section, point 1.b., "The 7 "R's" of administering medications will be followed with each medication administration: i. "Right" patient, ii. "Right" medication, iii. "Right" dose, iv. "Right" time, v. "Right" route, vi. "Right" reason and vii. "Right" documentation." 2. Review of patient 1's medical record (MR) on 2/27/18 at approximately 1400 hours indicated: A. Physician Orders dated 4/19/16 for Lorazepam 1 mg, IV push, every 6 hours as needed for moderate anxiety. Medication Administration Records indicated patient received 1 mg, IV push, of this medication 2 times within an approximately 2 hour period on 4/21/16 at 0435 and 0614 hours. B. Physician Orders dated 4/19/16 for Cyclobenzaprine 5 mg, per feeding tube, every 8 hours as needed for muscle relaxant. Medication Administration Records indicated patient received this medication po (by mouth) once on 4/19/16 at 2120 hours and po once on 4/21/16 at 1302 hours. MR lacked documentation that patient had a feeding tube. 3. Staff 2 (Chief Clinical Officer) was interviewed on 2/27/18 at approximately 1335	S 0946	S946 410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-7 (c)(4) Immediate Correction: All in house patients' medications were reviewed for proper dose and route as ordered by the physician. No patients were identified at that time. Systemic Change: Additional oversight was identified as the need, and assigned to nursing services and pharmacy. Plan of Correction: Nursing staff will be reinstructed on policy # H-MM-05-007 Administration of oral medications, which includes the 7 rights to medication administration. Completion of education will be compiled by the clinical educator and/or designee and communicated to the Chief Clinical Officer weekly. Deficiency Prevention: All patients' medications will be reviewed by the pharmacy staff upon admission and once a week during interdisciplinary team meetings for the correct route, dose, and correct drug as ordered by the physician. Any discrepancies found will be	07/25/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152012	A. BUILDING 00 B. WING	02/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	hours and confirmed, Registered Nurses are to follow Physician Orders and the 7 "R's" of "right": right patient, right medication, right dose, right time, right route, right reason and right documentation when administering any medication. The above-mentioned patient did not have a feeding tube. MR lacked the right dose for Lorazepam and right route for Cyclobenzaprine medications administered as required per facility policy and procedure.		corrected by the pharmacy staff after collaborating with the ordering physician. The pharmacy will communicate with the registered nurse when discrepancies are identified. Medication administration pass audits are completed monthly auditing 30 staff members administrating medications. Observations are completed by nursing services, respiratory services, and pharmacy services. Trending will be reported to Patient Safety and Reliability Committee and to Governing Board for oversight. Assigning Accountability: The Chief Clinical Officer will ultimately be responsible for deficiency compliance.	