

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

PRINTED: 08/16/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150115		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/12/2021	
NAME OF PROVIDER OR SUPPLIER MEMORIAL HOSPITAL AND HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 800 W 9TH ST JASPER, IN 47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: IN00262775</p> <p>Substantiated: Deficiencies related to the allegations are cited.</p> <p>Date of Survey: 7/12/2021</p> <p>Facility Number: 005102</p> <p>QA: 7/27/2021</p>			S 0000	See Responses in S 0406 and S 1704		
S 0406 Bldg. 00	<p>410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(a)(1)</p> <p>(a) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor. Based on document review and interview, the hospital quality assessment and improvement program failed to be effective and comprehensive and failed to identify opportunities for improvement by not having information of complaints and incidents related to delinquent</p>			S 0406	<p>S 406 The Director of Cardiac Services will provide re-education to Cardiac Lab Staff of the following expectations: 1. When cardiac exams are</p>		08/06/2021

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

TITLE

(X6) DATE

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 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>test results/interpretations for patients of 1 (one) department/area (cardiology testing) of the hospital.</p> <p>Findings include:</p> <p>1. Review of hospital policies indicated the following: PolicyStat ID: 9801604, titled, "Patient, Volunteer, Visitor Event Reporting", last revised 06/2021, indicated that all patient...events, unusual or untoward...will be reported as soon as possible to Quality Services for review. PolicyStat ID: 9656825, titled, "Patient/Family Member Concerns/Grievances", last revised 04/2021, indicated the following: Objective: It is the intent of (The Hospital) to provide a high level of customer service/satisfaction. Definitions: Concern - Expression or statement of dissatisfaction. Customer - Patients...providers...or anyone that comes into contact with a caregiver of this organization. Procedure: When a patient/family member concern is made to a caregiver: The concern shall be resolved immediately by first listening and apologizing and taking any necessary action. If resolved, the concern and resolution should be entered into Healthcare Safety Zone portal in the Concern/Service Recovery form.</p> <p>2. Review of medical records (MR) indicated that interpretation and final test results for 4 of 5 patients (P1, P3, P4 and P5) were delinquent in 2018.</p> <p>3. Facility administrative document review</p>				<p>not read by the provider in the policy time frame, these delinquencies will be placed in the electronic error reporting system as a delay in reporting results so that this data can be reported and monitored.</p> <p>2. When a patient or provider office calls to request a cardiac exam report that was not resulted in the appropriate time frame and sent to the provider, this will be placed in the electronic error reporting system as a concern/complaint so that it can be followed up as a potential grievance by our Patient Experience Officer. This education was conducted to staff in person and by email and was completed by August 6, 2021.</p>		

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S 1704 Bldg. 00	<p>indicated the following:</p> <p>Review of facility incident reports for 2018 lacked documentation of any incidents of delinquent test result readings.</p> <p>Review facility complaints/grievances for 2018 lacked documentation of complaints related to delays in final results of tests.</p> <p>4. On 7/12/21, the following was indicated in interview:</p> <p>Beginning at approximately 12:45 PM, A1 (Regulatory Compliance Coordinator), verified delinquency of read/interpretation results of patients test for P1, P3, P4 and P5.</p> <p>Beginning at approximately 1:00 PM, A6 (Cardiac Lab/Registered Nurse), indicated he/she has had received calls/complaints and/or reports of providers claiming to not have received results as well as complaints related to delays in reading/interpretation. A6 indicated no complaints/grievances or incident reports have been completed for the complaints or events.</p> <p>410 IAC 15-1.6-4 OUT-PATIENT CARE SERVICES 410 IAC 15-1.6-4(a)</p> <p>(a) If the hospital provides outpatient care services, the service shall meet the needs of the patients, within the scope of the service offered, in accordance with acceptable standards of practice. The service shall be under the direction of a qualified person or persons.</p> <p>Based on document review and interview, the hospital failed to ensure outpatient care services were provided in accordance with acceptable standards of practice by failing to follow hospital policy for 4 of 5 patients (P1, P3, P4, and P5).</p>			S 1704	Memorial Hospital and Health Care Center converted to a new electronic medical record (EMR) on July 1, 2021. This EMR provides documentation of when		08/20/2021

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	<p>Findings include:</p> <p>1. Review of hospital policies indicated the following: PolicyStat ID: 9178263, titled, "Echocardiogram Quality Improvement", last revised 3/2021, indicated that routine echocardiograms are to be interpreted within 24 hours of completion of the exam. Routine outpatient studies are to be read by the end of the next business day...The final verified signed report must be completed within 48 hours. PolicyStat ID: 6670189, titled, "Physician Provision of Test Interpretation", last revised 3/2017, indicated that unassigned EKGs (electrocardiograms) are to be dictated within 24 hours...All other studies are to be dictated/transcribed within 48 hours of completion of the study.</p> <p>2. Review of medical records (MR) indicated the following: A. The MR of patient P1 indicated that on 5/7/18 the patient was seen for testing. Reports of testing results indicated the following: Stress Echocardiogram Report: Exam Date: 5/7/18. Ordered By: Physician MD3. Final Date (date read/resulted): 5/11/18, by Physician MD1. CC (courtesy copy) 1: Physician MD2; CC2 (blank); CC3: MD1. The MR lacked documentation of when/if the courtesy copies were sent and/or received by the ordering physician. B. The MR of patient P3 indicated that on 5/10/18 the patient was seen for testing. Reports of testing results indicated the following: Transthoracic Echocardiogram Report: Exam Date: 5/10/18. Ordered By: Physician MD5. Copies To: MD5, Physician MD6. Final Date: 5/17/18, by MD1. All courtesy copy areas, CC1;</p>				<p>the ordering provider receives the results of ordered tests/exams/studies. The Director of Cardiac Services will provide re-education to all Cardiac Lab Interpreting providers of read time frames and expectations per policy. 1. This education will be provided at the Cardiopulmonary Provider Meeting on August 12, 2021 and at the Cardiology Provider meeting on August 17, 2021. 2. This education will also be provided by letter via United States Mail to each individual provider. These letters will be sent via mail so that each provider will receive by August 20, 2021.</p>		

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	<p>CC2 and CC3, were blank. The MR lacked documentation of when and/or if results were sent to MD5 and/or MD6.</p> <p>C. The MR of patient P4 indicated that on 5/10/18 the patient was seen for testing. Reports of testing results indicated the following: Stress Echocardiogram Report: Exam Date: 5/10/18. Ordered By: Physician MD7. Final Date: 5/18/18, by MD1. CC1: MD7; CC1 and CC3 were blank. The MR lacked documentation of when/if the courtesy copies were sent and/or received by the ordering physician.</p> <p>D. The MR of patient P5 indicated that on 5/9/18 the patient was seen for testing. Reports of testing results indicated the following: Venous Duplex Report: Exam Date: 5/9/18. Ordered By: Physician MD8. Final Date: 5/12/18, by Physician MD9. CC2: Nurse Practitioner NP1, CC1 and CC3 were blank. The MR lacked documentation of when/if the courtesy copies were sent and/or received by NP1.</p> <p>3. The credential file of Physician MD1 indicated that in 2018, he/she was suspended from Medical Staff privileges on 8 (eight) occasions; 3/7/18, 4/4/18, 4/18/18, 8/15/18, 9/12/18, 11/28/18, 12/5/18 and 12/12/18, due to medical record delinquencies.</p> <p>4. On 7/12/21, the following was indicated in interview:</p> <p>Beginning at approximately 12:45 PM, A1 (Regulatory Compliance Coordinator), verified delinquency of read/interpretation results of patients test for P1, P3, P4 and P5.</p> <p>Beginning at approximately 1:00 PM, A6 (Cardiac Lab/Registered Nurse), verified the hospital did not have documentation of when test results were sent and/or if providers received the patient's test results.</p>						