

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

PRINTED: 11/29/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150150		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/06/2022	
NAME OF PROVIDER OR SUPPLIER DUPONT HOSPITAL LLC				STREET ADDRESS, CITY, STATE, ZIP COD 2520 E DUPONT RD FORT WAYNE, IN 46825			
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S 0000 Bldg. 00	<p>This visit was for the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00315699</p> <p>Substantiated; Deficiency related to the allegations is cited.</p> <p>Date of survey: 10/6/22</p> <p>Facility number: 002408</p> <p>QA: 10/18/2022</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. 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).</p> <p>Findings include;</p> <p>1. Facility policy titled "Assessment and Documentation Med/Surg/Telemetry Unit" with an origination date of 3/1/18 indicated the following: "...I. POLICY: This policy provides a</p>			S 0930	<p>1.Lutheran Health Network Pain Assessment and Management Policy was updated on 9/2022 and include the following Responsibilities:</p> <p>1.The assessment of pain is an interdisciplinary process including physicians, nurses, physical therapist and other clinical disciplines involved with the patient's care. A Registered Nurse is responsible for an</p>		11/21/2022

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

TITLE

(X6) DATE

Michelle Law

Chief Quality Officer

11/23/2022

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>minimum standard for the frequency and documentation of routine patient assessments and clinical care provided by clinical staff in the medical/surgical/telemetry unit. II. PURPOSE: Patient assessments are used to collect data to provide all clinical staff information to guide care and identify patient risks...IV. PROCEDURES...C. Each patient's pain level should be assessed and documented every (4) hours and within one (1) hour after an intervention..."</p> <p>2. Facility policy titled "Pain Assessment and Management Policy" last reviewed/revised on 3/28/19 indicated the following: "...II. PURPOSE: The purpose is to provide effective pain assessment and management that meets the patient needs while mitigating potential harm...III. RESPONSIBILITY: The Registered Nurse, who has demonstrated competency in pain management, is responsible for pain assessment, intervention and reassessment and physician interaction when it becomes evident that current pain management regimens are ineffective...IV. PROCEDURE...B. Pain assessment is ongoing (occurring at regular intervals), individualized and documented so that all involved in the patient's care understand the pain problem...D. Pain is assessed on admission and reassessed with each assessment and/or as indicated by verbal or non-verbal signs/symptoms of pain...E. Response to pain interventions is reassessed following pharmacological and non-pharmacological interventions within 60 minutes, to monitor effectiveness and to determine whether further intervention is needed..."</p> <p>3. Review of patient #1's medical record indicated the following: (a.) The patient arrived for elective outpatient surgery on 5/31/19 at 6:10 a.m., admitted inpatient</p>				<p>assessment of patient on admission to the hospital. A licensed nurse who has demonstrated competency in pain management performs the reassessment of pain.</p> <p>2. Interaction occurs with the provider when it becomes evident that current pain management regimens are ineffective. The interdisciplinary team presents information to the case management staff for continued appropriate discharge planning and intervention to meet the patient's needs.</p> <p>3. Staff responsibilities in managing pain: 1. Acknowledge patient's report of pain 2. Educate the patient about pain and relief 3. Know proper management and use of analgesic drugs to ensure safety 4. Encourage the use of a wide variety of pain management intervention including non pharmacological (distraction, imagery, heat/cold, etc.) techniques. 5. If at all possible, include what the patient communicates will be effective in the plan of care and set acceptable pain level goal. Document goal on communication board and nursing care plan. 6. Offer pain medications or interventions based upon</p>		

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	<p>for pain management to the Medical Surgical Unit on 5/31/19 at 12:29 p.m., transferred to the Intensive Care Unit on 5/31/19 at 9:20 p.m. and expired on 6/1/19 at 12:35 a.m.</p> <p>(b.) The medical record indicated pain assessments were completed on the following dates and times: On 5/31/19 at 7:10 a.m., pain level of 5 out of 10. On 5/31/19 at 8:41 a.m., pain level of 10 out of 10. On 5/31/19 at 8:56 a.m., pain level of 10 out of 10. On 5/31/19 at 9:08 a.m., pain level of 10 out of 10. On 5/31/19 at 9:17 a.m., pain level of 10 out of 10. On 5/31/19 at 9:33 a.m., pain level of 10 out of 10. On 5/31/19 at 9:47 a.m., pain level of 10 out of 10. On 5/31/19 at 10:03 a.m., pain level of 10 out of 10. On 5/31/19 at 10:16 a.m., pain level of 10 out of 10. On 5/31/19 at 10:29 a.m., pain level of 8 out of 10. On 5/31/19 at 10:46 a.m., pain level of 8 out of 10. On 5/31/19 at 11:09 a.m., pain level of 7 out of 10. On 5/31/19 at 11:28 a.m., pain level of 7 out of 10. On 5/31/19 at 12:04 p.m., pain level of 7 out of 10. On 5/31/19 at 1:30 p.m., pain level of 7 out of 10. On 5/31/19 at 1:53 p.m., pain present, but lacked documentation of pain level. On 5/31/19 at 8:00 p.m., pain level 8 out of 10.</p> <p>(c.) The medical record lacked documentation of a pain assessment on 5/31/19 at 6:00 p.m.</p> <p>(d.) A review of Patient #1's Medication Administration Record indicated medications were administered that included but were not limited to the following: On 5/31/19 at 3:21 p.m., cyclobenzaprine 10 milligrams 1 tablet by mouth for muscle cramps. The medical record lacked documentation of pain level assessment prior to pain medication administration on 5/31/19 at 3:21 p.m. and/or a</p>				<p>patient's pain scale rating 7. Discuss fears and other feelings related to pain management interventions 8. Discuss alternative treatments with physician if pain management is ineffective 9. Incorporate pain into the care planning process 10. Ensure that any unresolved pain present at discharge or transfer is addressed for continuity of care</p> <p>2. Lutheran Health Network Pain Assessment and Management Policy was updated on 9/2022 and include the following Action Directives: 1. 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. 2. Assessment may include any or all of these factors as appropriate to the patient: 1. Physically exam/observation of the site of the pain 2. Pain intensity 3. Quality, patterns of radiation, onset, duration 4. Alleviating and aggravating factors 5. Non-verbal physical signs/symptoms or behaviors of pain 6. Barriers in identifying pain or any fears of pain</p>		

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	<p>pain level reassessment 60 minutes after pain intervention at 4:21 p.m. on 5/31/19.</p> <p>On 5/31/19 at 6:18 p.m., oxycodone-acetaminophen 10 milligrams/325 milligrams 1 tablet by mouth for back pain. The medical record lacked documentation of pain level assessment prior to pain medication administration on 5/31/19 at 6:18 p.m. and/or a pain level reassessment 60 minutes after pain intervention at 7:18 p.m. on 5/31/19.</p> <p>4. During an interview with A2 (Network Health Information Management Director) on 10/6/22 at 4:08 p.m., he/she verified the medical record information for Patients #1, 2, 3, 4 and 5.</p>		<p>7.Current pain management regimen and effectiveness</p> <p>8.Effect of pain on sleep patterns, relationships and daily life</p> <p>3.Lutheran Health Network Pain Assessment and Management Policy was updated on 9/2022 and include the following Documentation:</p> <p>1.Admission assessment of pain goal should be documented</p> <p>2.Patient's functional pain goal, pain assessments and pain intervention, and reassessment should be documented in the Electronic Health Record care plan.</p> <p>3.If pain exceeds patient's goal or target goal, intervention(s) should be implemented and documented</p> <p>4.Patient's provider should be notified if target goal or patient's goal is not met by available interventions and documented</p> <p>5.Pain education and how it was completed should be documented</p> <p>4.To prevent recurrence the Medical Surgical Coordinator will perform 10 chart audits a month to evaluate for appropriate pain documentation. Medical Surgical nurses perform chart audits on fellow Medical Surgical nurses to review for appropriate pain documentation. The Chief Quality</p>		

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			Officer and Quality Coordinator perform chart audits biweekly to evaluate whether a pain assessment is performed before pain medication, whether pain medications have an indication/pain scale, and the presence of documentation of symptoms when giving PRN medications until 100% compliance is achieved for 4 consecutive months then quarterly for a year. Data collected by Medical Surgical staff by chart audits includes: whether pain is documented on admission, whether pain was documented prior to administration of pain medication, whether the pain medication order is followed, whether pain is reassessed within 60 minutes of the patient receiving an intervention (pharmacological or non-pharmacological). Data collected by Quality through chart audits include: whether a pain assessment is performed before pain medication administration, whether pain medications have an indication/pain scale, whether pain or PRN medication order is followed, the presence of documentation of symptoms when giving PRN medications, and whether pain is reassessed within 60 minutes of the patient receiving an intervention (pharmacological or non-pharmacological). Noncompliance is immediately		

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			<p>reported to the Medical Surgical Director, Chief Nursing Officer and Chief Quality Officer. Noncompliance is reported at Patient Safety Committee monthly and quarterly at Quality Committee and MEC.</p> <p>1.The Chief Nursing Officer is responsible for ensuring the audits are being completed and appropriate follow up is completed.</p> <p>2.Education has occurred throughout the summer regarding the updated pain policy. Education shared with Medical Surgical staff on 11/21/2022. Auditing will be an ongoing process for monitoring until previously mentioned compliance is achieved.</p>		