

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

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 07/15/2024
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804		
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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: IN00418535 - Deficiency related to the allegation is cited at S 930.</p> <p>Date of Survey: 07/15/24</p> <p>Facility Number: 005016</p> <p>QA: 8/1/2024</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.</p> <p>Based on document review and interview, nursing services failed to implement a physician order without delay for an enclosure bed for 1 of 5 medical records reviewed (Patient 2); nursing failed to notify family member post patient fall for 1 of 5 medical records reviewed (Patient 2); nursing failed to follow Fall Policy by not remaining with patient during toileting in 1 of 5 medical records reviewed (Patient 2).</p> <p>Findings include:</p> <p>1. Review of policy titled: Fall Prevention Policy -</p>	S 0930	<p>In response to complaint number IN00418535 for Lutheran Hospital, Fort Wayne, Indiana. The below information has been addressed to correct the deficiency 410 IAC 15-1.5-6 NURSING SERVICE. Thank you for the opportunity to address concerns outlined in your letter dated August 29, 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</p>	09/28/2024

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

TITLE

(X6) DATE

Rhonda Culbertson

Quality Coordinator

09/12/2024

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>Assessing Fall Risk (Morse Fall Scale), Policy Number: PCS.20.26, last revised 4/4/2023, indicated on page 5, 4. Implement "Protective" and "Preventative" Interventions for Morse Fall Score > or = 45 for all high risk to falls patients Interdisciplinary PROTECTIVE Interventions including Low Fall Risk above, plus: K. During toileting a staff member is to keep a "foot in the bathroom door. Staff responding to a patient fall/injury are required to notify patient family and document notifications in the EHR (electronic health record).</p> <p>2. Review of Patient 2's MR lacked documentation of family notification following patient's 1st fall at approximately 3:42 am on 9/25/23. Patient 2's MR indicated on 9/25/23 at approximately 7:19 am, a physician order of an Enclosure Bed after this patient sustained a witnessed fall. At approximately 4:18 pm, Patient 2's MR documented a second fall that was unwitnessed where this patient sustained injury to right shoulder and cut above right eye. At 6:00 pm, MR documentation indicated Patient 2 was placed in an enclosed bed.</p> <p>2. Review of facility Corrective Maintenance Work Order #641994 with a date of 9/25/23 at 6:41 am, indicated an enclosure bed was needed for Patient 2.</p> <p>3. Review of facility Incident/Event Reporting Log indicated on 9/25/23 at approximately 3:11 am, N4 (Registered Nurse) sat in a chair in the doorway right ouside of Patient 2's bathroom entrance during patient toileting when patient fell forward onto the floor.</p> <p>4. In interview on 7/15/24 at approximately 2:40 pm, A1 (Chief Quality Officer) confirmed Patient</p>		<p>impact on our community.</p> <p>1. How are you going to correct the deficiency?</p> <p>A. On 9/9/2024, group of leaders met to discuss the factors related to the deficiency involving fall prevention. This group included the Chief Nursing Officer, the Assistant Chief Nursing Officer, the Chief Quality Officer, the Director of Regulatory and Risk, the Director of Infection Prevention and Quality, the Data Scientist for Quality and the Quality Coordinator for Regulatory. The policy referenced in the survey - Lutheran Health Network PCS.20.26 Fall Prevention Policy - Assessing Fall Risk (Morse Fall Scale) was reviewed and it was determined that no changes were needed at this time. It was determined that a lack of understanding of the importance of timely implementation of protective interventions and thorough notification and documentation related to falls caused the deficiency in the performance and/or documentation related to falls and fall prevention.</p> <p>B. The Director of Infection Prevention and Quality presented this case in the Clinical Quality Outcomes meeting on 9/11/2024. The Director emphasized the importance of initiating physician orders for enclosure beds promptly, remaining with the high</p>	

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	2's MR lacked documentation regarding delay in use of enclosure bed placement prior to this patient's second fall on 9/25/23.		<p>risk to fall patients when toileting, and notifying a family member of a fall when it occurs. The Director of Quality and the Chief Nursing Officer shared the procedure for obtaining an enclosure bed and documenting implementation of the bed promptly, including the reason for any delays. An education tool with this information was provided to the Unit Managers. (See attached). The Director of Quality instructed the Unit Managers to ensure this education is provided to nursing staff during Unit Safety Huddles for two weeks following the meeting (9/12/2024 through 9/25/2024). Unit Safety Huddles are conducted at the beginning of each shift, including weekends. At the end of the two week period, the managers will return a verification form to the Quality Department that the education was completed. (See attached).</p> <p>2. How are you going to prevent the deficiency from occurring in the future?</p> <p>A. The charts of patients who have fallen will be audited each month. The results of these audits will be reported to the Chief Nursing Officer and to the Quality Council on a monthly basis.</p> <p>I. The charts will be audited to determine prompt implementation of any physician</p>	

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			<p>orders related to fall prevention until at least 90% compliance is achieved for 3 consecutive months.</p> <p>II. The charts will be audited for family notification until at least 90% compliance is achieved for 3 consecutive months.</p> <p>III. The charts will be audited to identify any instances where a high risk to fall patient was unattended in the bathroom when the fall occurred until at least 90% compliance is achieved for 3 consecutive months.</p> <p>B. The Units Managers will begin on September 12, 2024 to report the room numbers of any patient using an enclosure bed during the morning safety huddle to assist with tracking of the beds.</p> <p>C. The House Supervisors will record in their Supervisor report any information related to obtaining enclosure beds to help track and improve the process.</p> <p>D. Lutheran Hospital will reinforce that this specific policy is followed by ensuring corrective action is taken for non adherence of the policy among staff as follows: Corrective action will occur for non adherence to this specified policy as stated in the Employee Handbook: The</p>	

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			<p>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 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 Chief Nursing Officer will be responsible for ensuring that actions listed in numbers 1 and 2 are completed.</p> <p>4. By what date are you going to have the deficiency corrected? All corrective actions will be completed by 9/28/2024.</p>	