

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

PRINTED: 10/07/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150061		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/26/2024	
NAME OF PROVIDER OR SUPPLIER DAVIESS COMMUNITY HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 1314 E WALNUT ST WASHINGTON, IN 47501			
(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 the investigation of a State Licensure Hospital complaint. Complaint Number: IN00418546 - State Deficiency related to the allegation is cited at tag S1510 Survey Date: 08/26/24 Facility Number: 005056 QA: 9/10/24			S 0000	Corrective action noted on tag S 1510 response		
S 1510 Bldg. 00	410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2(b)(2)(A)(B)(C) (b) The emergency service shall have the following: (2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following: (A) Provision for the care of the disturbed patient. (B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care. (C) Provision for transfer of patients when care is needed which cannot be provided. Based on document review and interview, facility			S 1510	Review of requirements of physical		10/01/2024

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

TITLE

(X6) DATE

Jennifer Butler

Quality Director

10/02/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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>failed to follow appropriate guidelines for patient care and physical examination to assess, plan and implement care including appropriate diagnosis and prescribing medications for 1 of 5 patient Medical Records (MR) reviewed. (P#4)</p> <p>Findings Include:</p> <p>1. Facility document titled Delineation of Privileges, Emergency Department, Physician's Assistant/Nurse Practitioner Privileges, last revised 4/28/11, page 1, under II. Definition of Role, The Physician's Assistant (PA)/Nurse Practitioner (NP) will, with physician consultation and/or appropriate guidelines for patient care, assess, plan and implement care of patients. Page 2, under V. Mechanism, The PA/NP will see the appropriate patient, take a history and examine the patient. The history and exam will be documented on the chart or dictated to be transcribed by Medical Records.</p> <p>2. Review of P4 MR indicated:</p> <p>a. Patient presented to the ED on 9/15/23 at 1807 hours and triaged at 1824 hours for diagnosis of Foreign Body in Throat.</p> <p>b. Physical examination per NP1 (Nurse Practitioner) lacked documentation of an inner oral/throat examination.</p> <p>3. In interview on 8/26/24 at approximately 1155 hours with A3 (Quality Director), he/she confirmed lack of documentation of inner oral/throat examination on History and Physical Examination from 9/15/23 in P4's Medical Record.</p> <p>4. In interview on 8/26/24 at approximately 1220 hours with MD1 (Medical Doctor), he/she indicated when a patient comes into the Emergency with complaints of difficulty</p>				<p>assessment for focused complaints completed. To ensure sustained compliance, the Quality Director or Team Member shall review no less than 5% of all medical records from the Emergency Department to ensure the appropriate examination has been documented.</p> <p>This data shall be provided for the Quality Council for review and in turn be provided to the Board of Governor's Quality Committee.</p>		

