

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

PRINTED: 08/05/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  151322		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/15/2022	
NAME OF PROVIDER OR SUPPLIER  PERRY COUNTY MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 8885 SR 237 TELL CITY, IN 47586			
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S 0000  Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00287392</p> <p>Substantiated: Deficiency related to the allegation is cited.</p> <p>Date: 6/15/22</p> <p>Facility Number: 005064</p> <p>QA: 7/5/2022</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.</p> <p>Based on document review and interview, the hospital failed to ensure patient care was supervised and evaluated to assure provision of care was in accordance with hospital policies and professional standards for 3 of 5 patients (P1, P2 and P4).</p> <p>Findings include:</p> <p>1. a. Review of the policy titled Standards of Practice or Care - ED, effective 2/27/17 and approved 4/12/2019, indicated the following:</p>			S 0930	<p>A. Documentation charting choices have been amended to greatly improve the documentation of procedures.</p> <p>a. Before, once pedi-bag was checked there were two options; urine obtained or urine not obtained. I have since added:</p> <p>i. "skin assessment" which further breaks down to the options of intact, pink warm and</p>		07/29/2022

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 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>Nursing interventions identified in multi-disciplinary patient treatment are delivered by skillful and competent providers of care, who utilize current standards of practice.</p> <p>Nursing interventions are provided by personnel who have received education, training, and evaluation of their ability to implement interventions specific to emergency nursing practice.</p> <p>Patient response to medical and nursing interventions is evaluated, documented, and pertinent findings communicated.</p> <p>The patient's response to diagnostic procedures is evaluated and documented.</p> <p>Nursing interventions are consistent with outcome standards set by Nursing Services.</p> <p>The patient will receive treatment or therapy which is current, age appropriate and meets the standards of practice for the community.</p> <p>b. Review of professional standards for Collecting a Urine Specimen from a Pediatric Patient, from Dynamic Health, reviewed and updated 8/31/21, indicated the following:</p> <p>For children without bladder control who cannot provide a clean-catch midstream urine specimen, a pediatric urine collection bag provides a simple, less invasive method for collecting a urine specimen.</p> <p>Documentation (not all inclusive): Description of procedure, including method by which sample was collected. Patient assessment information including assessment of perineal area and patient's tolerance of procedure. Volume and characteristics of urine drainage. Any unexpected patient events or outcomes.</p> <p>Prior to collecting a urine specimen from a pediatric patient, the clinician should understand invasive and noninvasive methods by which urine can be obtained in pediatric patients.</p>			<p>dry, abnormal findings (with diagram) and abnormal findings (with free text field)</p> <p>ii. Cleaned/Skin Prep which documents the area was cleaned with soap and water and dried thoroughly</p> <p>iii. Pedi-bag applied for the actual application of the device including education to responsible adult accompanying patient</p> <p>iv. Tolerance to identify how the patient tolerated the procedure whether that be well, crying, mobile/active, and "other" for free text chart entry</p> <p>v. Urine obtained now further breaks down to include the volume in mL, characteristics (clear, cloudy, other (free text)), color (free text) and documentation that the specimen was labeled and sent to lab for testing.</p> <p>vi. Urine not obtained-no change made to this selection</p> <p>b. Previously, when one was to document labs there was no option of charting anything more than "by ED staff, by EMS, held, or sent per order." This has since been changed and now documentation options are:</p>			

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	<p>c. Review of professional standard for pediatric blood collection, from Lippencott manual of Nursing Practice, 10th Edition, indicated the following: Record carefully and accurately: Site of venipuncture. How the patient tolerated procedure.</p> <p>2. a. The MR of patient P1, age 15 years, indicated the patient was seen by ED provider MD2 and was ordered a test for "Strep A Screen" (Group A Streptococcus Test) on 2/12/19 at 18:03 hours. The MR indicated that on 2/12/19 at 18:04 hours "Strep A Screen Sent" by Licensed Practical Nurse (LPN) S5 and at 18:20 hours, per S5, "Strep culture sent to lab". The MR lacked documentation of how the culture was obtained and/or how the patient tolerated the procedure.</p> <p>b. The MR of patient P2, age 24 days, indicated the patient was seen by ED provider MD2 and was ordered the following tests on 2/16/19: "Flu A Antibody" (influenza A), "Flu B Antibody" (influenza B), "Strep A Screen", "RSV Swab Test" (respiratory syncytial virus), Blood Culture. The MR indicated the following for collection/procedure of tests: At 08:00 hours: Obtained RSV specimen, per Respiratory Therapist (RT), S2. Parent held patient during specimen collection. Patient tolerated well. The MR lacked documentation of location from which the specimen was obtained and/or method used. 08:06 hours, RSV Swab Test Sent. 08:07 hours, Strep A Screen Sent, per ED technician, S6. 08:07 hours, Flu A Antibody Sent, per S6. 08:07 hours, Flu B Antibody Sent, per S6. The MR lacked documentation of how the specimens were obtained and lacked documentation of how the patient tolerated the procedure. 10:56 hours, Blood Culture #1 Sent, per S6. The MR lacked</p>				<p>i. Venipuncture is chosen</p> <p>ii. Site option added with an anatomical diagram plug in allowing person charting to choose appropriate location being used</p> <p>iii. Skin prep added to allow for documentation of skin prep prior to procedure</p> <p>iv. Needle Type/Size added to allow for documentation of what supply was chosen for use</p> <p>v. Tolerance added to allow documentation of tolerating well or not well with a free text field to add detail</p> <p>vi. Bandage applied added</p> <p>vii. Sent per order – unchanged</p> <p>c. Previously when one would document strep swab being sent the only option was strep culture obtained and sent. This has since been changed for all swab types:</p> <p>i. Clinician will start by checking swabs under procedures. From there:</p> <p>1. Nasopharyngeal added giving ability to document swab obtained after checking patency and integrity, labeling specimen and sending to lab as well as</p>		

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	<p>documentation of how the specimen was obtained, number of attempts, size and/or type of needle access used, location(s) of specimen collection and/or areas of attempt(s).</p> <p>c. The MR of patient P4, age 16 months, indicated the patient presented to ED on 2/14/19 at 09:02 hours. At 10:10 hours, CBC (complete blood count) and urinalysis (U/A) were ordered by MD2. At 11:32 hours Capillary Collection was entered as an order per EDMS (electronic document management system). At 11:52 hours: Attempted urinary cath (catheter) x2 unsuccessful. Pedi (pediatric) bag applied, per RN S4. At 13:45 hours: U/A complete sent, per S1 (Emergency Department Technician [EDT]). At 14:52 hours: Capillary collection sent, per (Registered Nurse [RN]) S3. The MR lacked documentation of a CBC having been attempted and/or collected by venous blood draw. The MR lacked documentation of the type and size of catheter used to attempt access for U/A and lacked documentation of how the patient tolerated the procedure. The MR lacked documentation of how and/or from where the capillary blood draw was obtained, who obtained the capillary collection, number of attempts to make the collection, and/or how the patient tolerated the procedure.</p> <p>3. Review of personnel files indicated the following: EDT, S1 lacked evidence of having competency observation evaluations for performance of pediatric urine collection by catheterization and/or pediatric phlebotomy for blood collection. RN, S3 lacked documentation of having competency evaluations for pediatric urine collection by catheterization and/or pediatric</p>		<p>option for tolerating well or tolerating other (free text).</p> <p>2. Nares added giving ability to document swab obtained after checking patency and integrity, labeling specimen and sending to lab as well as option for tolerating well or tolerating other (free text).</p> <p>3. Oral added giving ability to document swab obtained, labeling specimen and sending to lab as well as option for tolerating well or tolerating other (free text).</p> <p>4. Wound added giving ability to document swab being obtained as well as site (diagram), additional information (free text), tolerated well or tolerated other (free text).</p> <p>5. Abscess added giving ability to document swab being obtained as well as site (diagram), description (free text), additional information (free text), tolerated well or tolerated other (free text).</p> <p>6. Other added to capture additional swabs that may be obtained added giving ability to document the swab being obtained as well as site (diagram), description (free text), additional information (free text), tolerated well or tolerated other (free text).</p> <p>d. Previously when one would document blood cultures, they could go in to procedures and blood cultures was an option with 1st and 2nd set as an option. This has been completely removed as documentation will now go through</p>				

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	<p>phlebotomy for blood collection.</p> <p>RN, S4 lacked documentation of having competency evaluations for pediatric urine collection by catheterization and/or pediatric phlebotomy for blood collection.</p> <p>4. The following was indicated in interview on 6/15/22: Beginning at approximately 4:30 PM, A6, Director of Emergency Services, verified MR findings, verified nursing competency documentation did not include pediatrics and verified that procedure documentation should include method of collection, site of collection, device(s) used for collection with size and type, number of attempts with location, and how the patient tolerated the procedure.</p>		<p>the dedicated venipuncture pathway to include the selected site, skin prep, tolerance, bandage application and specimens being labeled and sent to lab (failed attempt also included for documentation of a failed attempt also including site, skin prep, tolerance and pressure/bandage application.</p> <p>e. Venipuncture documentation issues remedied as above. Urinary catheterization remedied as the mini-cath kit documentation has been changed to offer the ability to chart that it was inserted, description of urine that presented, how the patient tolerated procedure as well as a place to document the failed attempt.</p> <p>Within the straight cath charting choice has been expanded to now allow for the procedure itself, the size and other supply used, description of the urine that presented, how the patient tolerated and the option to document failed attempt(s).</p> <p>Capillary blood collection was historically not an option in the EHR and would require free text for submission. This has been remedied and Capillary Blood Draw is now a charting choice within procedures giving the clinician the opportunity to document the procedure completion including</p>		

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			<p>tehs</p> <p>elected site (with diagram to choose specifics), skin prep, needle type, who performed, how it was tolerated, that bleeding is controlled and bandage applied as well as specimen being labeled and sent to lab for testing. Missed attempts also included.</p> <p>f. Initial/Annual Skills competency changed to reflect various urinary collection methods for both the adult and pediatric patient population to obtain competency in specific areas. All new hires will use this form, annual competencies will all be changed to the new form as well. Laboratory competencies for ER staff have historically not been age specific-will now have one check off for adults as well as one for the pediatric population. New hires will all have both competencies to complete, staff will receive new form and begin checking off 8/3/2022.</p> <p>Final thoughts:</p> <ul style="list-style-type: none"> <li>· Competencies will change moving forward, I have changed the form already.</li> <li>o New staff will start with new form</li> <li>o All staff will start with new form during annual competency timeline (each person is "due" at various times throughout the year</li> <li>· Phlebotomy competency</li> </ul>		

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			<p>has been changed to reflect age-specific needs, all new employees will receive competency in orientation and current employees will receive age-specific competency beginning 8/3/2022</p> <ul style="list-style-type: none"> <li>Charting changes all as stated above were completed and went live 7/29/2022</li> <li>Staff will be formally educated on charting choice changes via departmental weekly communication sent 7/29/2022, daily huddles starting 7/30/2022, GEMBA board starting 7/29/2022 and in monthly staff meeting on 8/3/2022</li> </ul> <p>The ER QI Plan has been changed to reflect the new information and monitoring system. Going forward, 10 charts per month will be reviewed (or ALL charts if &lt; 10). The numerator will be the # of procedures documented appropriately and accurately based on the needs identified from the complaint survey. The denominator will be the total # of charts audited with procedures completed.</p> <p>The Manager of the Emergency Department will be responsible for the audit. Results will be reviewed and reported monthly and actions plans developed as needed.</p>		