| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 150042 | A. BUILDING 00<br>B. WING | 01/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| GOOD SAMARITAN HOSPITAL | 520 S 7TH ST<br>VINCENNES, IN 47591 |

| (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 |
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| S 0000<br><br>Bldg. 00 | This visit was for the Investigation of a State Licensure hospital complaint.<br><br>Complaint Number: IN00447786 - Deficiency unrelated to the allegations is cited. (Tag S0930)<br><br>Survey date: 1/9/24<br><br>Facility Number: 005038<br><br>QA: 1/22/2025 | S 0000 | Plan of correction updated to S0930. | |
| S 0930<br><br>Bldg. 00 | 410 IAC 15-1.5-6<br>NURSING SERVICE<br>410 IAC 15-1.5-6 (b)(3)<br><br>(b) The nursing service shall have the following:<br><br>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.<br>Based on document review and interview, Nursing Services failed to complete Stage II Recovery vital signs and Aldrete Score, and failed to obtain urine drug screen, per policy, for 1 of 5 patient MRs (Medical Records) reviewed. (P5)<br><br>Findings include:<br><br>1. Facility policy titled Assessment/Documentation Perioperative Nursing Record, Index A 01.04.16.14.18, Revised 1/24, Page 1, Under Policy: Perioperative personnel will document appropriately in the clinical multidisciplinary documentation record to | S 0930 | 1 Staff will be re-educated by 02/07/2025 on the facility policy titled Assessment/Documentation. Staff will be provided reiterated expectations that vital signs will be documented appropriately every 30 minutes until discharge. Beginning 2/1/2025 department leadership or designee will review 10 random charts per month appropriately documented vital signs every 30 minutes until discharge. Monitoring will continue until 3 consecutive months of 90% | 02/07/2025 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Angela Shick | Director, Quality & Risk/Patient Safety Officer | 02/05/2025 |

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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| | provide plan of care for the patient and provide legal documentation of the perioperative process. Page 4, Under Phase II Recovery, g. assess and document patient vital signs every 30 minutes until discharge, if patient condition indicates, or if pain medication given.<br><br>2. Facility policy titled Aldrete Scoring System (Post Anesthesia Recovery Score), Index A 01.19.19, Last revised 3/23, Page 2, Under Evaluation, 2. An Aldrete score will be documented, d. on admission to Phase 2 recovery, e. prior to discharge home if outpatient surgery.<br><br>3. Facility document titled Preanesthesia Assessment Guidelines indicated Urine drug screen for those patients who admit to illicit drug use.<br><br>4. Review of P5 MR indicated:<br>a. P5 was admitted to Endoscopy Unit on 12/19/24 for an EGD (Esophagogastroduodenoscopy) with diagnosis of GERD (Gastroesophageal reflux disease) and Altered Bowel Habits.<br>b. Preprocedure note History and Physical on 11/21/24 indicated under Substance Use Topics, Drug Use Types: Marijuana, Comment: twice weekly with marijuana.<br>c. MR lacked documentation of a urine drug screen prior to EGD following P5 admittance to drug use.<br>d. Anesthesia preprocedure note on 12/19/24 indicated Drug Use: Marijuana.<br>e. Anesthesia note dated 12/19/24 at 1551 hours indicated vital signs taken postoperatively at end of procedure.<br>f. MR lacked documentation of vital signs taken on admission to Phase II Recovery until the time of discharge at 1620 hours. | | compliance has been achieved.<br>2 Staff will be re-educated by 02/07/2025 on the facility policy titled Aldrete Scoring. Staff will be provided reiterated expectations that Aldrete score be documented appropriately, upon admission to phase 2 recovery and prior to discharge home (if outpatient). Beginning 2/1/2025 department leadership or designee will review 10 random charts per month for an appropriately documented Aldrete score upon admission to phase 2 recovery and prior to discharge home (if outpatient). Monitoring will continue until 3 consecutive months of 90% compliance has been achieved.<br>3 Pre-Anesthesia Assessment Guidelines were revised 01/14/2025 and approved at the Anesthesia Section meeting on 01/15/2025. Guidelines no state "Urine drug screen will be ordered for those patients who admit to illicit drug use upon arrival, based on physician discretion." Guidelines shared at Surgery Section on 02/05/2025.<br>Perioperative Department Rules and Regulations updated 02/05/2025 and dispersed to providers and staff on by 02/07/2025. Perioperative Services staff will be educated on the new policy by 02/07/2025. Beginning 2/10/2025 department leadership or designee will review 10 random charts per month for an | |

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| | 5. In interview on 1/9/24 at approximately 1100 hours with A4 (Director of Perioperative), he/she confirmed a urine drug screen should be done prior to a surgical procedure if a patient admits to illicit drug use. A4 confirmed P5 did not have a drug screen done prior to EGD per Preanesthesia Assessment Guidelines.<br><br>6. In interview on 1/9/24 at approximately 1324 hours with A3 (Quality Nurse), he/she confirmed vital signs were not taken per facility policy on P5 after transitioning to Phase II Recovery. Vital signs taken at 1551 hours when EGD procedure ended, and P5 MR lacked documentation of vital signs taken again. | | appropriately reported use of illicit drugs to the provider and documentation of either a provider declination of a drug screen or an appropriately ordered drug screen per provider order. Monitoring will continue until 3 consecutive months of 90% compliance has been achieved. | |