

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150082	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/28/2019
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NAME OF PROVIDER OR SUPPLIER  DEACONESS HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MARY ST EVANSVILLE, IN 47747
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S 0000  Bldg. 00	<p>This visit was for investigation of a state hospital complaint.</p> <p>Complaint Number: IN00294798</p> <p>Substantiated: Deficiency related to the allegations is cited.</p> <p>Date of Survey: 5/28/2019</p> <p>Facility Number: 005074</p> <p>QA: 5/30/19</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 facility failed to meet the dietary needs of 1 of 10 patients (patient #1) per medical record (MR) review.</p> <p>Findings included:</p> <p>1. Facility Procedure in the Patient Care Technician (PCT) book titled: Dysphagia Diet, (no number or date) which indicated that when patients need direct supervision ... one to one assist with meals, small bites/sips (1/2 spoon bite size for food/liquid). Upright as possible for all</p>	S 0930	<p><b>CORRECTIVE ACTION PLAN</b> <b>ISDH Substantiated Complaint</b> <b>#IN00294798 (Date: 5/28/2019)</b></p> <p><b>Deficiency:</b> <b>Corrective Action to be Taken;</b></p> <p><b>Prevention of Future Deficiencies:</b></p> <p><b>Monitoring:</b></p> <p><b>Responsible Parties for</b></p>	07/10/2019

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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>oral intake. Remain upright for 20-30 minutes after meals...</p> <p>2. Review of patient #1's MR Clinical Swallow Evaluation, dated 10/13/2018, at 1359 hours, authored by staff member #4, Speech and Language Pathologist, indicated: Aspiration Risk: Severe. Diet recommendation: Dysphagia Level 2. Compensatory Swallowing Strategies: Upright as possible for all oral intake. Remain upright for 20-30 minutes after meals, one to one assist with meals, small bites/sips (1/2 spoon bite size for food/liquid). Recommendations: Speech Therapy recommends patient to remain on the "safest oral diet of Dysphagia II - puree and honey thick liquids based on the results of the swallow evaluation.</p> <p>3. Review of patient #1's MR Pulmonary and Critical Care Consultation Note, dated 10/15/2018, at 0059 hours, authored by QMP #3, MD, Pulmonary, indicated: Patient was left unsupervised (with diet). Concerned that they may have aspirated with worsening O2 saturation requirements, resulting in they being on a non rebreather mask, satting 82%. Impression: Acute hypoxic respiratory failure, aspiration with mucous plugging.</p> <p>4. Review of patient #1's MR Discharge Summary, dated 10/17/2018, at 1604 hours, authored by QMP #2, MD, Internal Medicine, indicated: Hospital course: After transferring to the ICU, patient was placed on ventilation support. Palliative care was consulted, patient was made do not resuscitate and placed on comfort care with plan for placement at hospice, but patient was found unresponsive, was declared deceased at 1320 hours, secondary to aspiration pneumonia with acute hypoxic respiratory failure due to dysphagia.</p>		<p><b>columns 2 and 3</b> <b>Target Date: Give specific dates</b> <b>Status effective Date of Submission of POC</b> State S930 410 IAC 15-1.5-6 Nursing Service 410 IAC 15-1.5-6 (6)(3)</p> <p>This Rule is not met as evidenced by: Based on document review and interview, the facility failed to meet the dietary needs of 1 of 10 patients (patient #1) per medical record (MR) review The Registered Nurse demonstrates accountability for the initial dysphagia assessment and ongoing supervision and evaluation of the care planned and provided for the dysphagia patient as outlined in Deaconess Hospital, Inc. (DH) policies evident by electronic medical record documentation 1. Review the identified hospital policies for dysphagia care management · Exhibit A Mosby Aspiration Precautions · Exhibit B Mosby Feeding Assistance for Oral Nutrition · Exhibit C Mosby Nursing Documentation at Deaconess · Exhibit D Deaconess Hospital, Inc. RN minimal standards of documentation requirements; PCT minimal standards of documentation requirement · Exhibit E Policy 40-29S</p>				

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			<p>Patient Assessment / Reassessment Plan</p> <ul style="list-style-type: none"> <li>· Exhibit F Mosby Plan for the Provision of Nursing Care</li> </ul> <p>2. Educate Gateway Ortho Medical staff via E-Learning management system related to dysphagia policies. Assignment to staff will occur on 7/10/2019. (Exhibit G)</p> <p>3. Utilize daily safety huddles on Gateway Ortho Medical Unit (B600) for RN to coordinate dysphagia care management related to policies/ precautions (Exhibit H)</p> <p>4. Evaluate compliance of Gateway Ortho Medical RN staff assessment and supervision according to identified policies via dysphagia care management audit tool (Exhibit I)</p> <ul style="list-style-type: none"> <li>1. Submit policy and review plan of correction for discussion at Nursing Shared Governance</li> </ul>	

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			<p>Practice Council on July 9, 2019; Gateway Ortho Medical Unit Staff Meeting on July 9, 2019; and Nursing Leadership Council on July 18, 2019. Update discussion from the identified meetings will occur at the Gateway Ortho Medical Unit Staff Meeting on August 13, 2019. The information will be shared and documented with 100% Gateway Ortho Medical Staff.</p> <p>2. Submit education completion report from the E-Learning management system to Chief Nurse Executive/VP ensuring 100% staff completion. Gateway Ortho Medical Nurse Manager will monitor progress of educational activity and communicate completion updates to Gateway Ortho Medical Staff weekly.</p> <p>3. Ortho Medical Unit (B600) census will be printed daily to function as daily safety huddle coordination log and provided to nursing leadership for review, capturing dysphagia care management coordination for 90 days. Log information will be reviewed weekly by unit manager, and monthly by Gateway director/CNO, and Chief Nurse Executive/VP</p> <p>4. Complete audits from Gateway Ortho Medical Unit (B600) on a monthly basis. Audits of all identified dysphagia patients</p>	

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			(via daily safety huddle coordination log) will be completed until a compliance rate of 100% is achieved for three consecutive months. Compliance will be reviewed monthly by unit manager, Gateway director/CNO, and Chief Nurse Executive/VP  1. Chief Nurse Executive/VP; Gateway Director/CNO; Ortho Medical Nurse Manager	

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			<p>2. Chief Nurse Executive/VP; Gateway Director/CNO; Ortho Medical Nurse Manager</p> <p>3. Chief Nurse Executive/VP; Gateway Director/CNO; Ortho Medical Nurse Manager</p>	

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			<p>4. Chief Nurse Executive/VP; Gateway Director/CNO; Ortho Medical Nurse Manager</p> <p>1. Plan of correction activities will start 7/9/2019. Policy review at identified meetings will be completed 8/13/2019.</p>	

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			2. Assignment to staff will occur on 7/10/2019. Education will be completed 8/10/2019	



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			<p>3. Daily safety huddle with log review will start 8/11/2019 and continue for 90 days. 90 day review completion will be 11/11/2019</p> <p>4. Audit compliance monitoring will start 8/11/2019 on Gateway Ortho Medical Unit (B600) after education complete 8/10/2019</p> <p>1. In progress</p>	

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			4. In progress	