

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2019
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NAME OF PROVIDER OR SUPPLIER HANCOCK REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 801 N STATE ST GREENFIELD, IN 46140
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00269678</p> <p>Substantiated: Deficiency related to allegation is cited.</p> <p>Date of Survey: 07/15/19</p> <p>Facility Number: 005035</p> <p>QA: 7/25/19</p>	S 000		
S 930	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>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>This RULE is not met as evidenced by: Based on document review and interview, nursing failed to supervise the follow-up care on 2 of 6 medical records (MRs) reviewed (Patient 3 and Patient 4).</p> <p>Findings Include:</p> <p>1. Review of Emergency Department (ED) policy titled: Follow Up Calls last reviewed 04/19, indicated all final positive lab results will be reviewed by the ED Physician and they will determine if follow-up care or change in therapy</p>	S 930		8/19/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S 930	<p>Continued From page 1</p> <p>is necessary. Attempts by phone to the patient or primary care provider will be made to advise of final culture results that are positive and require further treatment. Policy lacked documentation of time frame in which the phone calls are made. The policy was followed as follow-up phone calls were made to the family of Patient's 3 and 4, but not within a time frame that meets standards of care.</p> <p>2. Review of Patient 3's MR indicated arrival in Emergency Department on 08/19/18 with complaint of sore throat and cough times 2 days. The Emergency Department Note dated 08/19/18 indicated a rapid strep test was completed and found to be negative and patient name put on Callback List. The culture was finalized on 08/21/18 at 8:30 am. On 08/21/18 the Emergency Department physician was notified and antibiotic orders received at 10:57 am. The Summary of Call note indicated family called, unable to be reached or leave message on 08/23/18 at 12:12 pm (51 hours after culture resulted), 08/24/18 at 9:35 am and 08/27/18 at which time patient was removed from call list.</p> <p>3. Review of Patient 4's MR indicated arrival in ED on 07/29/18 with complaint of sore throat, fever, cough and left ear pain for 1 - 2 days. The Emergency Department note indicated a rapid strep test was completed and found to be negative. The Emergency Department physician note advised family that a culture from the swab will be sent...if something grows on culture, you will be contacted and told if patient needs antibiotics...discharged home. The culture was finalized, resulted positive on 08/01/18 at 6:14 am. The Summary of Call note indicated that family was called on 08/02/18 at 12:47 pm (30 hours post culture result) and that family upset</p>	S 930		

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S 930	Continued From page 2 and had patient to the family doctor and received an antibiotic. 4. Interview on 07/15/19 at 1:15 pm with P52, Emergency Department Director, confirmed that once the Emergency Department receives the positive cultures they are to be given to the physician who would order antibiotics/treatment and nursing would call the patient and call in the prescription. P52 confirmed that the call to the family should be done soon after knowledge of physician's order.	S 930		