STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150074	A. BUILDING 00 B. WING	09/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOSPITAL EAST	1500 N RITTER AVE INDIANAPOLIS, IN 46219

(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) COMPLETION DATE
S 0000 Bldg. 00	This visit was for the investigation of one (1) state complaint. Complaint Number: IN00204673 Substantiated; Deficiency related to the allegations is cited. Date of survey: 9/20/17 Facility number: 005068 QA: 11/21/17	S 0000		
S 0930 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b) The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, nursing failed to ensure a discharge order was followed as ordered by the physician for 1 of 5 medical records reviewed. (patient #4) Findings include; 1. Review of patient #4's MR indicated	S 0930	**TAG Number** – S 930 **Be sure that each individual Plan of Correction answers the following questions**:	12/20/2017

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

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	that the patient was admitted to the hospital on Monday, 6/30/16 at 2345 with a diagnosis of left arm cellulitis. A discharge order was electronically signed on 7/1/16 at 1:51 p.m. by Staff MD1 and the release date of the standing order was also 7/1/16 for patient #4 2. A review of Staff RN#6's nurse note dated 7/2/16 at 4:00 p.m., indicated the following; " ...Called to patient room ...Patient was visibly upset. Patient yelling, stating [he's/she's] tired of waiting on the doctor to dismiss [him/her]. Patient states [he/she] wants to leave without the doctor seeing [him/her]. Tried to calm patient and explain that the doctor should be here shortly. Patient raising voice, [family member #1] at bedside ready to drive patient home ...." 3. A review of Staff RN#5's nurse note dated 7/2/16 at 4:15 p.m., indicated the following; " ...Summoned to patient room. Patient is wanting to leave AMA [Against Medical Advice]. Patient states that [his/her] antibiotic is ready to pick up at [a pharmacy]. [He/she] does not want to wait on the doctor any longer for the discharge papers. I explained that the MD wanted to look over lab tests and get the discharge paperwork finalized. I informed the patient of what can happen		1.How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. Physicians will be educated on need to enter date of discharge and elements to be completed prior to discharge if patient will not be discharged on date discharge order is entered (i.e. Discharge tomorrow following am lab results and final evaluation by attending MD). Physicians will receive education via physician leadership at monthly and quarterly specialty meetings. Signage will be hung in physician lounge and dictation areas as a reminder of the necessity of this documentation. Exploring EPIC functionality to check optimization to prevent further occurrences. 2.How are you going to prevent the deficiency from	

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	if leaving without MD orders. The patient refused to wait, the [family member #1] was in the room ready to transport the patient. IV [intravenous] site removed with pressure dressing applied. 4. A review of the "PERMISSION AND RELEASE FORM" dated 7/2/16 at 3:45 p.m. for patient #4 indicated the patient signed out AMA and was witnessed by Staff RN#5. 5. A review of the discharge summary completed by Staff PA4 (Physician Assistant) on 7/2/16 at 11:41 a.m. indicated the following; " ...Date of Admission: 6/30/16 ...Date of Discharge: July 2, 2016 ...Admission Diagnosis: Cellulitis of left arm ...Hospital Course: ...when admitted, Patient was started on Vancomycin [an antibiotic medication]. [His/her] cellulitis improved, blood cx [cultures] remained negative throughout admission. ...patient will be discharged on clindamycin to complete abx [antibiotics] for cellulitis. [He/she] agreed with treatment plan and did not have any additional questions at time of discharge ...." 6. A review of the "Patient Demographics and Encounter Information" indicated patient #4 was		recurring in the future? Random audits will be performed on discharge records to ensure that comments are documented with issues addressed as identified. 3.Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.? Chief Nursing Executive and Regional Physician Executive 4.By what date are you going to have the deficiency corrected? 1.You must provide a specific date the deficiency will be or has been corrected (month, day, and year) in the “Completion Date” column. The maximum correction time allowed is **thirty (30) days from the date of the survey**. December 20, 2017 2.If the nature of the	

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	discharged on 7/2/16 at 1657 (4:57 p.m.). 7. During an interview with Staff RN#8 on 9/20/17 at 3:30 p.m., he/she reviewed patient #4's medical record and was unable to explain why the patient who had a discharge order on 7/1/16 did not discharge to home that day or why the patient had to sign out AMA on 7/2/16 at 3:45 p.m. 8. During an interview with Staff A9 (Quality Resources/Risk Management Coordinator) on 9/20/17 at 4:23 p.m., he/she verified patient #4 had an active discharge order dated 7/1/16 at 1:51 p.m. and it was not cancelled until after the patient was discharged AMA. The discharge order was cancelled 7/2/16 at 6:58 p.m. He/she also verified patient #4's medical record was very unclear as to why the patient was not discharged on 7/1/16 or why the patient went AMA instead on 7/2/16.		deficiency precludes completion within the above-stated thirty (30) days, the Plan of Correction must be written in incremental thirty (30) day phases.	