STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150176	A. BUILDING 00 B. WING	08/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENTUCKIANA MEDICAL CENTER LLC	4601 MEDICAL PLAZA WAY CLARKSVILLE, IN 47129

(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 was an off-site State licensure survey. Survey date: 8/19/16 Facility Number: 011788 QA:	S 0000		
S 0422 Bldg. 00	410 IAC 15-1.4-2.2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2.2(a)(2) (2) A process for reporting to the department each reportable event listed in subdivision (1) that is determined by the hospital's quality assessment and improvement program to have occurred within the hospital. (b) Subject to subsection (e), the process for determining the occurrence of the reportable events listed in subsection (a)(1) improvement program shall be designed by the hospital to accurately determine the occurrence of any of the reportable events listed in subsection (a)(1) within the hospital in a timely manner. (c) Subject to subsection (e), the process for reporting the occurrence of a reportable event listed in subsection (a)(1) shall comply with the following: (1) The report shall: (A) be made to the department; (B) be submitted not later than fifteen (15) working days after the serious adverse event is determined to have occurred by the			

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

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	hospital's quality assessment and improvement program; (C) be submitted not later than four (4) months after the potential reportable event is brought to the program's attention; and (D) identify the reportable event, the quarter of occurrence, and the hospital, but shall not include any identifying information for any: (i) patient; (ii) individual licensed under IC 25; or (iii) hospital employee involved; or any other information. (2) A potential reportable event may be identified by a hospital that: (A) receives a patient as a transfer; or (B) admits a patient subsequent to discharge; from another health care facility subject to a reportable event requirement. In the event that a hospital identifies a potential reportable event originating from another health care facility subject to a reportable event requirement, the identifying hospital shall notify the originating health care facility as soon as they determine an event has potentially occurred for consideration by the originating health care facility's quality assessment and improvement program. (3) The report, and any documents permitted under this section to accompany the report, shall be submitted in an electronic format, including a format for electronically affixed signatures. (4) A quality assessment and improvement program may refrain from making a determination about the occurrence of a reportable event that involves a possible criminal act until criminal charges are filed in the applicable court of			

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	law. (d) The hospital's report of a reportable event listed in subsection (a)(1) shall be used by the department for purposes of publicly reporting the type and number of reportable events occurring within each hospital. The department's public report will be issued annually. (e) Any reportable event listed in subsection (a)(1) that: (1) is determined to have occurred within the hospital between: (A) January 1, 2009; and (B) the effective date of this rule; and (2) has not been previously reported; must be reported within five (5) days of the effective date of this rule. (Indiana State Department of Health; 410 IAC 15-1.4-2.2) Based on document review the facility failed to report to the Indiana Department of Health (ISDH) no than four (4) months after the potential reportable event is brought to the program's attention for 1 facility. Findings include; 1. Review of ISDH documentation dated 08-18-16 indicated the facility reported the following on 08-17-16; A patient had a procedure on 12-05-14 for a pacemaker lead revision. On 02-12-15 the patient was scheduled for an automatic implantable cardioverter-defibrillator (AICD) generator and lead removal as well as	S 0422	All Sentinal and reportable events will be reported immediately. The CNO and COO are reviewing all incidents reports weekly as well as all logs being maintained by departments.	09/28/2016

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	AICD pocket incision & drainage (I&D) and open packing. After the surgical incision was made, the doctor explored the pocket and found a folded surgical Raytech sponge. 2. Review of ISDH documentation dated 08-18-16 from ISDH staff #1 indicated the following; This looks like a reportable event. There is no report from this hospital in the Medical Errors Reporting System.			