STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(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
S000000	The visit was for investigation of a State hospital complaint. Complaint Number: IN 00144910 Unsubstantiated; lack of sufficient evidence. Deficiencies cited unrelated to the allegations Date: 5-29-14 Facility Number: 006218 Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor QA: claughlin 06/05/14	S000000		
S000912	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services,			

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

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	including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.			
	Based upon document review, medical record review and interview, the nurse executive failed to ensure that the policy/procedures regarding documentation of patient assessment, change in condition, and event reporting was followed for 1 of 6 (patient 27) medical records (MR) reviewed. Findings: 1. The policy/procedure Charting (approved 10-12) indicated the following: "The RN of LPN in charge of the patient will be responsible for documentation of changes in the patient condition ... "	S000912	**Immediate Corrective Action:** Audits were performed on 10 recent admits to assess current compliance level regarding admission assessments, Change of Condition documentation and Event Reporting documentation. 10/10 patients had an admission assessment performed per policy requirements. 10/10 had did have at least 1 COC documented. All COC's that met the requirement for Event reporting had a corresponding Event documented. **Further Corrective Action Taken To Prevent Reoccurrence:** The process for admission assessments, change of condition and	06/12/2014

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	2. The policy/procedure Event Reporting System (approved 11-10) indicated the following: "Examples of Level 3 events include: ...any occurrence that requires a transfer to another ...unit for treatment related to the event." 3. The MR for patient (PT27) failed to indicate an entry regarding the patient condition on arrival 8-27-10 at approximately 1612 hours to room 206 by the nurse assigned to receive the patient admission. The MR lacked documentation indicating a significant deterioration in the patient ' s condition on arrival to the facility that resulted in several emergent orders and a timely transfer to the Special Care Unit (SCU). 4. Review of 122 event reports for the period 8-01-10 to 9-30-10 failed to indicate an event report for PT27 associated with the 8-27-10 admission. 5. During an interview on 5-29-14 at 1450 hours, nursing manager A5 confirmed that the MR for PT27 failed to indicate an entry by the responsible nurse assigned to admit a new patient on 8-27-10 to room 206. 6. During an interview on 5-29-14 at 1125 hours, the Director of Quality A2 confirmed that no event report		event reporting is provided during hospital orientation for all newly hired clinical staff. This education is provided during the classroom and 1:1 preceptor orientation. **Monitoring:** The Health Information Department audits a minimum of 10% of patient discharges monthly. The admission assessment is a component of the audit. COC's are discussed during the daily am flash meeting. The COC' are reviewed by the Nurse Manager and DQM and cross referenced to the event reports to ensure any COC that qualifies for an event report is documented. If an outlier is noted, the responsible nurse must report back to work and complete report that day. Findings are reported thru Quality Council. Monitoring requirement is ongoing. 90% compliance is expected. **Responsibility:** Nurse Manager, DQM, HIM, Clinical Educator **Completion:** 6/12/2014	

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	documentation regarding the acute respiratory distress on arrival and emergent transfer of PT27 to the SCU on 8-27-10 was available.			
S000948	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-7 (c)(5) (c) Drugs and biologicals shall be prepared for administration and administered as follows: (5) In accordance with currently acceptable standards of practice. Based upon document review and interview, the facility failed to assure that documentation of medication administration was completed in accordance with its policy/procedure and accepted standards of practice for two ordered medications in 1of 6 (patient 27) medical records (MR) reviewed. Findings: 1. The policy/procedure Administration of Medications (approved 2-13) indicated the following: "The individual administering the medication(s) must document all medications immediately after administration in the patient's medical record. " 2. The MR entry by staff RN14 on	S000948	**Immediate Corrective Action:** Medication Administration education is being provided to all the nursing staff. Education will be provided during am flash and in the form of a read and sign. **Further Corrective Action Taken To Prevent Reoccurrence:** The process for medication administration is provided during hospital orientation for all newly hired clinical staff. This education is provided during the classroom and 1:1 preceptor orientation. **Monitoring:** The Pharmacy Department audits all dispensed medications compared to medications documented as	07/11/2014

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	8-27-10 at 1807 hours indicated the following: "Patient (PT27) was very agitated upon arrival on 2nd floor, nursing staff administered antianxiety medication to patient before nurse doing assessment assessed patient." The MR for PT27 failed to indicate additional documentation of medication administration by a responsible nurse corresponding to an order entry dated 8-27-10 at 1630 hours for two medications [Lasix (furosemide) 40 mg by IV route and Ativan (lorazepam) 1 mg by IV route]. 3. During an interview on 5-29-14 at 1545 hours, nursing manager A5 confirmed that the MR for PT27 lacked documentation of administration for the two indicated medications.		administered daily. Audits include verification of accurate corresponding order as well as administration documentation. Outliers are corrected as they are discovered in real time. Findings are reported thru Quality Council. Monitoring is ongoing. 90% compliance is expected. **Responsibility:** DOP, Clinical Educator, DQM, Nurse Manager **Completion:** 7/11/2014	