

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/30/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST VINCENT HOSPITAL &amp; HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 W 86TH ST INDIANAPOLIS, IN 46260</b>
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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 two state licensure hospital complaints.</p> <p>Complaint Number: IN00221203</p> <p>Substantiated: Deficiencies related to the allegations are cited.</p> <p>Complaint Number: IN00235413</p> <p>Unsubstantiated: Lack of sufficient evidence.</p> <p>Dates of Survey: 12/04/19 and 12/30/19</p> <p>Facility Number: 005075</p> <p>QA: 1/2/2020</p>	S 000		
S 732	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES</p> <p>410 IAC 15-1.5-4(d)(1)(2)(3)(4)</p> <p>(d) The medical record shall contain sufficient information to:</p> <p>(1) identify the patient;</p> <p>(2) support the diagnosis;</p> <p>(3) justify the treatment; and</p> <p>(4) document accurately the course of treatment and results.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the Physician failed to follow facility's policy regarding Do Not Resuscitate (DNR) orders in 1 of 5 (patient #3) medical records (MRs) reviewed.</p>	S 732		2/7/20

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S 732	Continued From page 1  Findings Include:  1. Review of policy titled: Resuscitation Guidelines, approved 06/2013, indicated "Conversations between Physician, patient, family and/or legal guardian, regarding the Code Status information and exceptions must be clearly documented in the medical record"...policy did not require a signed consent form.  2. Review of patient 3's MR indicated order written for DNR on 12/10/15 at 4:32 am; lacked documentation of conversation regarding code status with patient who was alert and oriented times 3 at admission.  3. Interview with P2 (Quality) on 12/04/19 at 11:20 am, confirmed patient was alert and oriented times 3 upon admission when Physician ordered "No Resuscitation/Allow Natural" and that MR lacked documentation of a code status conversation between Physician and family.	S 732		
S 912	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, including, but not limited to,	S 912		2/7/20

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S 912	<p>Continued From page 2</p> <p>determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(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.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, nursing administration failed to ensure that reassessment of pain intervention was documented within 60 minutes after intervention of IV (intravenous) medication in 1 of 5 (patient #3) medical records (MRs) reviewed.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> <li>1. Review of policy titled: Pain Management: Adult and Pediatric, current policy in 2015, indicated a pain reassessment for IV medications be conducted within 60 minutes of intervention.</li> <li>2. Review of patient 3's MR indicated:               <ol style="list-style-type: none"> <li>a. On 02/11/15 at 3:56 am, 1 mg (milligram) Morphine IV administered; lacked documentation</li> </ol> </li> </ol>	S 912		

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S 912	<p>Continued From page 3</p> <p>of pain reassessment.</p> <p>b. On 02/13/15 at 10:15 am, 2 mg Morphine IV administered; lacked documentation of pain reassessment.</p> <p>c. On 02/13/15 at 3:11 pm, 4 mg Morphine IV administered; lacked documentation of pain reassessment.</p> <p>d. On 02/13/15 at 5:22 pm, 4 mg Morphine IV administered; lacked documentation of pain reassessment.</p> <p>3. Interview with P5 (Quality) on 12/30/19 at 11:30 am, confirmed not all IV interventions had a reassessment within 60 minutes of intervention.</p>	S 912		