

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/24/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150109		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/06/2024	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH LAFAYETTE				STREET ADDRESS, CITY, STATE, ZIP COD 1701 S CREASY LN LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	<p>This visit was for a State Licensure Hospital Complaint survey.</p> <p>Complaint Number: IN00428149 - Deficiency unrelated to the allegations is cited at S 0930.</p> <p>Date of Survey: 3/6/24</p> <p>Facility Number: 005096</p> <p>QA: 3/14/2024, 3/22/2024, 4/1/2024 & 4/3/2024</p>			S 0000			
S 0930 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 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>Based on document review and interview, nursing service failed to document initial fall risk assessment, interventions, update fall risk reassessment documentation post fall, document implementation of appropriate interventions post fall, document notification of family/significant other after a patient fall; and completion of a 24-Hour Sitter Responsibilities form in 1 of 5 patient medical records reviewed. (P1)</p> <p>Findings include:</p> <p>1. The facility policy titled, "Fall Precautions Procedure", PolicyStat ID 8956014, last revised 1/27/2021, indicated the nurse will assess fall risk</p>			S 0930	<p>Fall education will be provided to include prevention, initial assessment, interventions identified as needed, post-fall reassessment, notification to family/significant others, and documentation of these components. A copy of the education for prevention, tips for assessing/documenting, and electronic medical record documentation options are attached for review.</p> <p>24-hour sitter responsibilities form</p>		04/30/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Patsy Moore

QAPI Director

04/18/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>and document interventions within four (4) hours of admission, once per shift with a minimum of twice in a calendar day, change in patient condition, change in level of care, and after a patient fall. If a patient fall occurs in any area take appropriate action to assure the patient's continued safety, complete the post fall section of the HD (Hester Davis) Flowsheet, notify the family/significant other of the fall, and reassess fall risk score and update the care plan/interventions based on the new HD fall score.</p> <p>2. The facility failed to follow their policy titled, "Patient Sitter (Constant Surveillance) Guidelines", PolicyStat ID 15044269, approved on 1/30/2024, indicated the sitter will remain with the patient at all times, the sitter obtains, completes, and gives to the charge nurse a "24 Hour Sitter Responsibilities" form and maintains continuous visual monitoring of the patient at all times, i.e.. bathing, tests, eating, toileting, etc.</p> <p>3. P1's medical record lacked documentation on 1/29/24 of an initial fall risk assessment/score, Universal Fall Precaution interventions initiation on 1/29/24, post fall re-assessment risk/score on 1/30/24, appropriate post fall intervention initiation on 1/30/24, family notification of the patient's fall at H1 on 1/30/24, and completion of a 24-Hour Sitter Responsibilities form.</p> <p>4. Review of incident report documentation filed for P1 on 1/30/24 at 9:30 am indicated the patient had a witnessed fall in the bathroom. ED POST FALL DEBRIEF documentation completed on 1/30/24 at 9:44 am indicated the sitter reported the patient was alert and oriented, ambulated with a steady gait as they went to the bathroom, the sitter was present in the bathroom with the</p>				<p>completion process has been changed to ensure staff members who may be asked to perform this duty. Current staff will be educated on the sitter responsibilities and asked to sign the form to validate their understanding of the information. Education and signing of this form will be completed during new-hire orientation going forward. A copy of the sitter responsibility form is attached for review.</p> <p>Those responsible for this corrective action are the Nursing Service Managers with oversight by the Nursing Operations Director.</p> <p>Monitoring for compliance will occur during weekly reviews of unexpected event reporting, daily post-fall huddles, and random monthly chart reviews.</p>		

