

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

PRINTED: 06/19/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150017		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/28/2024	
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804			
(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 investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00399163 - Deficiency related to the allegation is cited at S930.</p> <p>Date of Survey: 5/28/24</p> <p>Facility Number: 005016</p> <p>QA: 6/4/24</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, the Registered Nurse failed to supervise the care of providing patient baths/bed linen changes for 1 of 5 medical records (MR) reviewed. (Patient #1).</p> <p>Findings include:</p> <p>1. Facility policy titled "1.04.02 Use of Chlorhexidine Gluconate (CHG) Bathing Products; Tub Bath and Shower; Bed Bath", approved 1/18/22 indicated the following: "II. PURPOSE: The purpose of a bath is to cleanse the skin, remove harmful bacteria, control odor, stimulate tissue and promote relaxation and comfort, while providing an opportunity for skin monitoring</p>			S 0930	<p>In response to complaint number IN00399163 for Lutheran Hospital, Fort Wayne, Indiana. The below information has been addressed to correct the deficiency 410 IAC 15-1.5-6 NURSING SERVICE. Thank you for the opportunity to address concerns outlined in your letter dated June 5, 2024. Lutheran Hospital is dedicated to providing compassionate, quality care with the best possible experience to every patient, every time, and to making a positive impact on our community.</p>		07/04/2024

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

TITLE

(X6) DATE

Rhonda Culbertson

Quality Coordinator - Regulatory

06/17/2024

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/or assessment. IV. SPECIAL CONSIDERATIONS: A. Baths are completed daily or more often as patient condition dictates. V. NECESSARY EQUIPMENT: B. For soap/water bath 5. Clean Linen as indicated.</p> <p>2. Review of patient #1's medical record indicated the following: (A) The patient was admitted on 11/25/22 at 3:27 p.m. and discharged on 12/2/22 at 5:40 p.m. (B) The medical record lacked documentation of baths or patient refusing baths for 6 out of 8 days for the following dates: 11/27/22, 11/28/22, 11/29/22, 11/30/22, 12/1/22 and 12/2/22. (C) The medical record lack documentation of bed linen changes or patient refusing bed linen changes for 6 of 8 days for the following dates: 11/27/22, 11/28/22, 11/29/22, 11/30/22, 12/1/22 and 12/2/22.</p> <p>3. During an interview with A3 (Chief Quality Officer) on 5/28/24 at approximately 4:00 p.m. and 4:15 p.m., he/she verified that patients are to be bathed/offered a bath/shower daily and bed linen changed/offered daily. He/She verified the medical record information for patient #1 and the lack of documentation of daily bath/shower, bed linen change and/or refusals.</p>				<p>1. How are you going to correct the deficiency? A. On 6/10/2024, a group of leaders met to discuss the factors related to the deficiency involving daily bathing and linen changes. This group included the Chief Nursing Officer, the Chief Quality Officer, the Director of Risk and Regulatory, the Director over Telemetry 5A (the unit where the deficiency was noted), the Manager of Telemetry 5A and the Quality Coordinator for Regulatory. The policy referenced in the survey (Lutheran Hospital "1.04.02 Use of Chlorhexidine Gluconate (CHG) Bathing Products; Tub Bath and Shower; Bed Bath" was reviewed and it was determined that no changes were needed at this time. It was determined that a lack of understanding of the importance of bathing and linen changes caused the deficiency in the performance and/or documentation of bath and linen changes. B. The Manager of Telemetry 5A will address the importance of performing and documenting baths and linen changes on every patient every day or documenting the patient's refusal each time these services are offered and declined. The Manager will communicate this information during Unit Safety Huddles for 2 weeks: June 8, 2024 through June 23, 2024. This content is covered in the New Hire</p>		

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			<p>Orientation for clinical staff, to be completed within 30 days of hire.</p> <p>C. All current Telemetry 5A staff will complete an attestation to demonstrate their understanding of and compliance with the above referenced policy in 1.A. Attestations will be completed by 7/4/2024.</p> <p>2. How are you going to prevent the deficiency from occurring in the future?</p> <p>A. Regular audits will be completed on a monthly basis as follows: A total of 30 charts of patients from Telemetry 5A will be audited each month until at least 90% compliance with bath and linen change documentation has been achieved for 3 consecutive months. The results of these audits will be reported to the Chief Nursing Officer and to the quality Council on a monthly basis.</p> <p>B. Lutheran Hospital will reinforce that this specific policy is followed by ensuring corrective action is taken for remediation for non-adherence of the policy among staff as follows:</p> <p>I. All attestations must be completed for current Telemetry 5A staff by 7/4/2024.</p> <p>II. Corrective action will occur for non adherence to this specified policy or failure to complete the attestation as stated in the Employee Handbook: The disciplinary action that is</p>		

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				<p>appropriate for any particular act or misconduct depends upon many factors including the employee's length of service, prior disciplinary record, the seriousness of the misconduct, and the impact of the misconduct on others. The disciplinary action that is administered for any particular act or misconduct rests in the employer's sole discretion. Examples of disciplinary action include, in no particular order, informal counseling, verbal and/or written warnings, investigative or disciplinary suspension, probation, demotion and separation.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above? The Chief Nursing Officer will be responsible for ensuring that the actions listed in numbers 1 and 2 are completed.</p> <p>4. By what date are you going to have the deficiency corrected? All corrective actions will be completed by 7/4/2024.</p>			