

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

PRINTED: 10/09/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150112		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/04/2024	
NAME OF PROVIDER OR SUPPLIER COLUMBUS REGIONAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 2400 E 17TH ST COLUMBUS, IN 47201			
(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	This visit was for the investigation of a State Licensure Hospital complaint. Complaint Number: IN00402275 - State Deficiency related to the allegation is cited at tag S930. Survey Date: 09/04/24 Facility Number: 005099 QA: 9/10/24			S 0000			
S 0930 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b) The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, staff failed to provide a daily bath accompanied by linen change for 5 of 5 patient medical records reviewed. (P1, P2, P3, P4 and P5) Findings include: 1. Facility policy titled Patient Care Policy/Procedure Manual, Policy/Procedure Code: B 00013, last revised 6/1/21, Subject: Bathing, Chlorhexidine Gluconate (CHG) 4%, page 1, under Policy: Inpatients will be offered a bath			S 0930	Created a patient list for charge nurses to monitor bathing and linen change and provide in-the-moment coaching for any non-compliance. This will be reinforced during daily interprofessional rounds. Charge nurses were educated on the policy and process on 9/9/2024. Plan of correction was reviewed and approved by Chief Nursing Officer on 9/6/2024. Weekly audits (5 charts per week) on 6T ^A will be conducted until 100%		11/04/2024

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

TITLE

(X6) DATE

Jennifer Dunscomb

VP System Quality & Patient Safety

10/08/2024

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>accompanied by linen change within 24 hours of admission and daily thereafter. 2. RN sets expectations for daily CHG bathing with the patient and unlicensed personnel. Procedure: A. CHG bathing is done within 24 hours of admission and then daily thereafter.</p> <p>2. Review of P1 MR lacked documentation of completed CHG bath/refusal accompanied by linen change on 1/30/23, 1/31/24 and 2/1/24.</p> <p>3. Review of P2 MR lacked documentation of completed CHG bath/refusal accompanied by linen change on 1/23/23, 1/26/23, 1/27/23, 1/28/23, 2/5/23 and 2/7/23.</p> <p>4. Review of P3 MR lacked documentation of completed CHG bath/refusal accompanied by linen change on 1/29/23, 1/30/23, 2/2/23 and 2/3/23.</p> <p>5. Review of P4 MR lacked documentation of completed CHG bath/refusal accompanied by linen change on 1/2/23 and 1/3/23.</p> <p>6. Review of P5 MR lacked documentation of completed CHG bath/refusal accompanied by linen change on 1/17/23, 1/18/23, 1/19/23, 1/21/23, 1/22/23, 1/24/23, 1/26/23, 1/27/23, 1/29/23, 1/30/23, 2/2/23, 2/4/23, 2/5/23 and 2/6/23.</p> <p>7. In interview on 9/4/24 at approximately 1200 hours with A4 (Registered Nurse Manager), he she indicated bathing is provided to patients every 24 hours with CHG unless patient has a red dye allergy and then soap and water is used. Documentation is done in MR (Medical Record) if patient refuses a bath, and bathing responsibilities are performed by PCT (Patient Care Technician) and RN (Registered Nurse).</p>				<p>compliance is achieved for 9 consecutive weeks (9/9/2024 to be completed November 4, 2024/currently 100%). Person responsible: Director of Nursing</p>		

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	8. In interview on 9/4/24 at approximately 1330 hours with A1 (Vice President of Quality and Safety), he/she confirmed P1, P2, P3, P4 and P5 MR lacked documentation of daily bathing accompanied by linen change per facility policy.						