

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150113	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2023
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUN		STREET ADDRESS, CITY, STATE, ZIP COD 1515 N MADISON AVE ANDERSON, IN 46011		
(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 the investigation of two state licensure hospital complaints.</p> <p>Complaint Number: IN00309088 - No deficiencies related to the allegation are cited.</p> <p>Complaint Number: IN00335317 - Deficiency related to the allegation is cited.</p> <p>Date of Survey: 10/02/23</p> <p>Facility Number: 005100</p> <p>QA: 10/6/2023, 10/10/2023 & 10/11/2023</p>	S 0000		
S 2104 Bldg. 00	<p>410 IAC 15-1.6-8 SURGICAL SERVICES 410 IAC 15-1.6-8(a)</p> <p>(a) If the hospital provides inpatient or ambulatory surgical services, the services shall meet the needs of the patients served, within the scope of the service offered, and in accordance with acceptable standards of practice and safety.</p> <p>Based on document review, the facility failed to ensure discharge criteria was met in 1 of 5 (patient 6) medical records reviewed.</p> <p>Findings include:</p> <p>1. Review of policy titled, "SDS/Pacu - Scope of Assessment; General Information and Policies of the Patient Initial/Ongoing/Discharge Assessment", PolicyStat ID 4798749, approved 04/2018, indicated discharge criteria is based off of</p>	S 2104	<p>Action Plan:</p> <p>1 Short term plan:</p> <p>a Educate PACU/SDS staff that they must use and answer all items on the discharge questions flowsheet for all outpatient surgeries plus assess and document the patient's ability to tolerate fluids without vomiting and ability to ambulate unassisted with a steady gait or at baseline.</p>	11/06/2023

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

TITLE

(X6) DATE

Lois Meeker

Quality Director

10/25/2023

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>preoperative and postoperative assessments that included patient being able to tolerate fluids without vomiting and able to ambulate unassisted with steady gait or at baseline.</p> <p>2. Review of patient 6's medical record lacked documentation of preoperative and postoperative assessments of patient tolerating fluids and able to ambulate on their own with steady gait or at baseline prior to discharge, per policy.</p>			<p>b Education will be provided during staff meetings and morning huddles beginning 10/24/23.</p> <p>c PACU/SDS Manager will audit 10% of outpatient surgery charts for compliance beginning November 4, 2023 and continue until the long term plan is complete.</p> <p>2 Long term plan:</p> <p>a Place an EPIC optimization ticket to add "Patient being able to tolerate fluids without vomiting" and "Patient able to ambulate unassisted with steady gait or at baseline" to the discharge question flowsheet in Phase 2 charting.</p> <p>Ticket submitted 10/24/23.</p> <p>b When optimization complete educate PACU/SDS staff about the changes to the discharge questions flowsheet during staff meetings and morning huddles.</p> <p>c When optimization completed the PACU/SDS Manager will audit 10% of outpatient surgery charts. Checking for 100% complete charting of discharge criteria on the discharge questions flowsheet. Audit for 6 months, if 100% the last 3 months in a row, stop auditing. If less than 100% keep auditing until 3 consecutive months with 100% accuracy. Report audit findings to OR core group quarterly.</p>