

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150084	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2024
NAME OF PROVIDER OR SUPPLIER ASCENSION ST VINCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 2001 W 86TH ST INDIANAPOLIS, IN 46260		
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S 0000  Bldg. 00	<p>This visit was for an investigation of a State Licensure Hospital Complaint.</p> <p>Complaint Number: IN00422772 - Deficiency related to the allegation is cited at S0930.</p> <p>Survey Dates: January 24 &amp; 25, 2024</p> <p>Facility Number: 005075</p> <p>QA: 2/29/2024 &amp; 3/1/2024</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, the facility failed to document patient repositioning every two hours and skin reassessment with documentation of measurement of pressure injury prior to discharge in 1 out of 5 (patient 1) medical records reviewed.</p> <p>Findings include:</p> <p>1. Review of policy titled, "Skin Care Policy: Pressure Injury Prevention and Wound Management", PolicyStat ID 13405907, last approved 12/2023, indicated when in bed...reposition patient every two hours and that patient's pressure injuries are to be measured and</p>	S 0930	<p>S930 410 IAC 15-1.5-6 Nursing Service ="" p=""&gt;</p> <p>410 IAC 15-1.5-6 (b) (3) ="" p=""&gt;</p> <p>Failed to document patient repositioning every two hours and skin reassessment with documentation of measurement of pressure injury prior to discharge in 1 out of 5 patients. ="" p=""&gt;</p>	04/05/2024

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

TITLE

(X6) DATE

Heather Conners

Director of Accreditation

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>documented...and skin reassessed prior to discharge.</p> <p>2. Review of Patient 1's medical record lacked documentation of repositioning every two hours and lacked documentation of skin reassessment with documentation of measurement of pressure injury prior to discharge per policy.</p>		<p>Corrective Action(s):</p> <p>Ascension St. Vincent Quality, Accreditation Director and manager of 7E/W reviewed the Skin Care Policy: Pressure Injury Prevention and Wound Management to ensure it appropriately identified the required standards of practice and no revisions were warranted.</p> <p>="" p=""&gt;</p> <p>On or before April 5, 2024, 7E/W nurses were reeducated during shift huddles and through the weekly newsletter regarding the importance of ensuring that patients are repositioned at least every two hours and this is documented in the patient's medical record. Further, it is important that the patient's position changes every two hours so pressure can be relieved and redistributed to other areas of the body.</p> <p>="" p=""&gt;</p> <p>Additionally, nurses were reeducated regarding the importance of reassessing the patient's pressure injuries. Further, it is critical to consult with wound ostomy care nurses who are trained in measuring and treatment of certain wounds and that this information is documented in the patient's medical record prior to discharge so that there will be an accurate</p>	

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			<p>description in the medical record of the status of the patient's skin upon discharge from our ministry. ="" p=""&gt;</p> <p>Monitoring: To ensure compliance, beginning in April 2024, the 7E/W manager and/or her designee will review five patient charts weekly of patients who were admitted to the unit that are greater than 70 years old with impaired mobility to ensure they are repositioned at least every two hours into a different position and this is documented in the patient's medical record. Additionally, the patient's chart will be reviewed to ensure that prior to discharge if the patient has a wound that wound ostomy nurses are consulted. Wound ostomy nurses will be responsible for measuring wounds. Finally, a full skin assessment should be completed upon discharge. Nurses were reeducated on the importance that the patient's wounds are reassessed and measured so there will be an accurate description in the medical record of what the wound looked like upon discharge from our ministry. ="" p=""&gt;</p> <p>Any identified gaps will be immediately discussed with the nurse on an individual basis for performance improvement. The audit process will be completed for</p>	

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			<p>a 3 month period with expectations for achievement of 90% or greater compliance. If the threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3 month period reflects achievement of the threshold. Beginning in May 2024, the results of the audit will be communicated to the Operations and Accreditation Committee on a monthly basis.</p> <p>="" p=""&gt;&gt;</p> <p>Responsible Person (s):</p> <p>="" p=""&gt;&gt;</p> <p>The 7E/W manager or her designee will be responsible for ensuring that nurses have a clear understanding of the importance of repositioning patients to a different position at least every two hours and documenting this in the patient's medical record and ensuring that wounds are reassessed and measured prior to patient discharge and monitoring of these corrective actions to ensure that the deficiency is corrected and does not recur.</p> <p>="" p=""&gt;&gt;</p> <p>="" p=""&gt;&gt;</p> <p>="" p=""&gt;&gt;</p> <p>="" p=""&gt;&gt;</p>	

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