

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

PRINTED: 06/29/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150015		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/13/2021	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP COD 3500 FRANCISCAN WAY MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: IN00260077</p> <p>Substantiated: No deficiencies related to the allegations are cited. Deficiency unrelated to the allegation is cited.</p> <p>Date of Survey: 5/13/2021</p> <p>Facility Number: 005015</p> <p>QA: 6/11/2021</p>			S 0000			
S 0784 Bldg. 00	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(i)(5)</p> <p>(i) Emergency service records shall document and contain, but not be limited to, the following:</p> <p>(5)Description of treatment given or prescribed, clinical observations, including the results of treatment, and the reports of procedures and test results, if applicable.</p> <p>Based on document review and interview, the hospital's ER/ED (Emergency Room/Emergency Department) Medical Staff (MD {Doctor Of Medicine} # 30 {ER/ED - Staff}), failed to follow Medical Staff Rules & Regulations for Medical record documentation requirements for clear, complete, clinical course of treatment provided,</p>			S 0784	<p>As this event occurred in 2018, upgrades to our electronic health record, documentation education and the institution of scribes have enhanced the ED practitioner medical record documentation. Franciscan Health Michigan City</p>		06/25/2021

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

TITLE

(X6) DATE

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>for 1 of 5 closed MR's (Medical Records) reviewed. (Patient # 3).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of established Medical Staff Rules & Regulations, indicated on page 20, under Article III, Medical Records, 3.1 GENERAL REQUIREMENTS, "The medical record must contain information to justify admission or medical treatment", "to validate and document the course and results of treatment", and 3.3 CLARITY, LEGIBILITY, AND COMPLETENESS, "all entries in the medical record shall be"... "clear, complete". Last approved 9/2016, effective 4/2017. 2. Review of Patient # 3's MR, indicated the following: <ol style="list-style-type: none"> A. Patient presented to ER/ED on 1/16/2018 at 11:09 pm, for complaints of "Insomnia"; patient triaged at 11:12 pm by ER/ED Nurse Practitioner. Patient acuity 4, then increased to acuity 3. B. Patient to ER/ED room (ED04) at 11:17 pm and seen by MD # 30 at 11:19 pm. Included patient chief complaint (Insomnia, Paranoid, Hallucinations), history, medication history, review of systems, and physical exam. C. Patient with further assessment, orders completed labs (laboratory), medications given by ER/ED Nursing staff. <ol style="list-style-type: none"> 1. Medications of Geodon and Ativan given by Nursing staff at 2:13 am (Geodon); 2:45 am (Ativan). 2. Medications of Ativan and Haldol given by Nursing staff at 5:07 am. D. MD # 30 noted patient with auditory hallucinations and history of schizophrenia. "Medications do not seem to be working", "will do psych rule out and will need to be admitted for psychiatric evaluation". No time of 				<p>(FHMC) has new abilities automatically date and time medical records entries. Education also has been provided to our practitioners on documentation requirements.</p> <p>FHMC conducted baseline case reviews (10 charts per quarter in 2020) of ED patients to evaluate our practitioner compliance above noted Medical Staff Rules & Regulations for medical record documentation requirements for clear, complete, clinical course of treatment. Findings of these case reviews reflected compliance with Medical Staff Rules & Regulations for our Emergency Department Medical Staff documentation requirements</p> <p>Ensuring our ED practitioners' compliance with the Medical Staff Rules & Regulations, FHMC will audit 10 ED cases per month for the following six months (July 2021 – January 2022).</p>		

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	<p>documentation.</p> <p>E. MD # 30 also noted that "Patient absconded" after labs, Ativan, Geodon administered and diagnosis. Local police department were called and able to locate patient; patient "was at home"; returned to ED, with medications of IM (Intramuscular) Ativan and Haldol administered. No time of documentation.</p> <p>F. MR lacked documentation by MD # 30; for timeframe for which patient had left ("absconded") the ER/ED.</p> <p>G. MR lacked documentation by MD # 30; for a re-examination/assessment by MD # 30, when patient was returned to ER/ED.</p> <p>3. In interview on 5/13/2021, at approximately 12:30 pm, with A # 3 (Director - ED), the following was indicated:</p> <p>A. That the MR lacked complete documentation for timeframe in which patient was not in the ER; is not known exactly how long the patient was gone, before returned by local police officers.</p> <p>B. That it is not known if patient was re-examined by MD # 30; after returned, and before/after EDO (Emergency Detention Order) paperwork was started.</p>						