

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

PRINTED: 11/28/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150011		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/20/2022	
NAME OF PROVIDER OR SUPPLIER MARION GENERAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 441 N WABASH AVE MARION, IN 46952			
(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 the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00377269</p> <p>Substantiated; Deficiency related to the allegation is cited.</p> <p>Date of survey: 10/20/22</p> <p>Facility number: 005011</p> <p>QA: 10/27/2022</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 patients related to patient baths/showers and/or incontinence care for 1 of 5 medical records reviewed (Patient #1).</p> <p>Findings include:</p> <p>1. Facility policy titled "Patient Hygiene Care - daily routine" last reviewed/revised 6/2021 indicated the following: "...Policy: "...Nursing personnel will provide daily hygiene care to all</p>			S 0930	<p>1. How are you going to correct the deficiency? The correction plan included development of three (3) methods of staff education. Hospital's inpatient nursing staff were provided education on the inpatient standards of care at each shift huddle beginning 10/27/22 through 11/4/2022. A written newsletter including information outlining this specific standard of care and the expectations of our</p>		11/22/2022

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

TITLE

(X6) DATE

Tina Purvis

Executive Assistant

11/22/2022

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>patients...Procedure: 1. The patient can expect to receive a daily bath (bag bath, shower...), unless contraindicated...If the patient refuses any or all of the hygiene care offered, the nurse or individual caring for the patient will document such in the <Activity/Hygiene Assessment> in the electronic medical record..."</p> <p>2. Facility policy titled "Bathing, Patient (Bagged Bed Method)" last reviewed/revised 9/2020 indicated the following: "...Policy...will utilize the pre-packaged bagged bath method of bathing: To cleanse the patient...Any patient who requests the more traditional method of bedside bathing will be accommodated as well as those who may desire a shower...Procedure...D. Document procedure in the electronic medical record <Activity/Hygiene Assessment>..."</p> <p>3. Review of patient #1's medical record indicated the following: (A) The patient was admitted on 3/27/22 at 11:03 p.m., and left Against Medical Advice on 3/30/22 at 4:03 p.m. (B) A review of intake and output flowsheets indicated Patient #1 had one episode of bowel incontinence on 3/29/22 at 11:00 p.m. and lacked documentation of incontinence care being provided to the patient and/or patient refusal of incontinence care. (C) The medical record lacked documentation of baths/showers and/or patient refusal of bath/showers for 2 out of 4 days for the following dates: 3/29/22 and 3/30/22.</p> <p>4. During an interview with A2 (Director of Medical/Surgical Unit) and A3 (Health Information Management Manager) on 10/20/22 at 4:30 p.m. they verified the medical record information for patient #1 and the lack of</p>				<p>nursing team were distributed to staff members on 10/31/22. Lastly, an in-person training is scheduled to be conducted at the next staff meetings scheduled on 11/18/22 and 11/21/22.</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>Random chart audits were conducted on 11/7/2022 to ensure compliance with the standard. Will continue to conduct random chart audits on a monthly basis to ensure inpatients are offered routine hygiene care on a daily basis. Compliance with the standard standard will be demonstrated by chart documentation of hygiene care performed, patient refusal, or explanation of why hygiene care was not appropriate to be performed at that time.</p> <p>p></p> <p>The Administrative Directors of Med/Surg, Telemetry and Critical Care or their delegate will be responsible for education and conducting random chart audits.4. By what date are you going to have the deficiency corrected? All methods of staff education will be completed by November 22, 2022 and correction of the deficiency is anticipated at that time.</p>		

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	documentation of daily bath/shower and/or refusals.						