

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 07/31/2024
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NAME OF PROVIDER OR SUPPLIER MARION GENERAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 441 N WABASH AVE MARION, IN 46952
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(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
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S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00428134 - Deficiency related to the allegation is cited at S 930.</p> <p>Date of survey: 07/31/24</p> <p>Facility Number: 005011</p> <p>QA: 8/7/2024</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 and interview, nursing services failed to reassess and document patient's pain status within one hour after medication intervention was given in 1 of 5 medical records reviewed (patient 3); nursing services fail to provide intervention for pain rating of 10/10 in 1 or 5 medical records reviewed (patient 3).</p> <p>Findings Include:</p> <p>1. Review of policy titled: Pain Standards Assessment and Management of, Policy Number: NUR-833, last reviewed on 8/14/2021, indicated</p>	S 0930	<p>1 How are you going to correct the deficiency? Re-educate ED staff: Standard for assessment/reassessment of pain at admission, with any complaint of pain, following medication within one (1) hour of administration, and at discharge. (Policy NUR-833) Standard for process when patient's pain is no better or worse during ED visit or after treatment – includes provider notification and documentation of notification.</p>	09/29/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tina Purvis	Executive Assistant	09/09/2024

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>under Policy: All patients being cared for will be screened for pain and the appropriate PCS assessment will be utilized. This assessment of pain will be repeated throughout the patient's stay, including (but not limited) upon admission, following extensive therapy, any complaint of pain, following analgesia, and upon discharge. B. Pain Management, 4. The patient's response to intervention for pain will be assessed within one hour (with a 15 minute variance either direction) following administration of medication or other intervention and documented in the eMAR.</p> <p>2. Review of patient 3's medical record (MR) indicated patient rated a pain score of 10/10 on 2/03/24 at approximately 6:21 pm. At approximately 7:36 pm, patient received Morphine, 1 mg (milligram), IM (intramuscular) injection, as ordered. Patient's MR lacked documentation of patient pain reassessment until 9:30 pm, where patient reported pain at 10/10, during discharge process. Patient's MR lacked documentation of interventions for pain rating of 10/10 on 2/3/2024 at approximately 9:30pm, prior to discharge.</p> <p>3. In interview on 7/31/24 at approximately 11:58 am, N1 (Registered Nurse, Director Emergency Department//Urgent Care) confirmed patient 3's MR indicated patient received morphine for pain at approximately 7:36 pm and reassessment was not documented until approximately 9:30 pm, past the one hour limit, per policy. N1 confirmed patient 3's MR lacked documentation of intervention for reported pain of 10/10 during discharge process, per policy.</p>		<p>a Email and department posting. b USMs to review 1:1 with RNs during September 2024 rounding.</p> <p>2 How are you going to prevent the deficiency from recurring in the future? Thirty (30) chart audits will be conducted a quarter with 85% compliance. Administrative Director will report at Quality Committee quarterly. Fall-outs: Individual RN will receive coaching/counseling as appropriate.</p> <p>3 Who is going to be responsible for numbers 1 and 2 above? The Administrative Director and/or Unit Shift Managers will be responsible for chart audits.</p>	