STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	153025	A. BUILDING 00 B. WING	07/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL	4100 COVERT AVE EVANSVILLE, IN 47716

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
A 0000 Bldg. 00	This visit was for one Federal hospital complaint investigation. Complaint number: IN00234702 Substantiated: deficiency related to allegations is cited Survey date: 7/18/2017 Facility Number: 005164 QA: 7/24/17	A 0000		
A 0395 Bldg. 00	482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. Based on document review and interview, the nurse executive failed to ensure nursing staff follow their policy/procedure for wound assessment, prevention and documentation for 1 of 10 closed medical records reviewed. Findings include: 1. Policy/procedure QCE-002, Wound Assessment, Prevention and Documentation, revised/reapproved	A 0395	This deficiency will be corrected by the following steps: 1) The CNO or Designee will in-service all RN's on the wound assessment policy. 2) The CNO or designee will review 20% of in-patient charts weekly to ensure daily wound assessments are completed timely. This will be continued for six months or until 100% compliance is obtained for four consecutive months. 3) RN's who are found to be out of compliance on timely wound	09/29/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	8/17/16 indicated on page 5: "b. Daily documentation of skin and wound inspection completed by an RN will include any of the following, if present: i. skin condition, ii. dressing integrity, iii. description of wound drainage, odor, pain, signs of inflammation or infection". 2. Review of patient 1's medical record (MR) lacked documentation of daily wound assessment of patient 1's right thigh surgical incision wound on 5/18/17. 3. Review of patient 1's MR indicated nursing staff provided wound treatment/dressing changes to patient 1's right thigh surgical incision wound on 5/19/17 at 1205 hours, 5/20/17 at 0800 hours, 5/21/17 at 0800 hours, 5/22/17 at 1600 and 2145 hours. Patient 1's MR lacked documentation of wound treatment/dressing changes to patient's right thigh surgical incision wound on 5/18/17. Frequency of wound treatments and dressing changes could not be determined due to lack of physician orders for wound care for dates 5/18/17 to 5/22/17. 4. Staff N1 (Nurse Manager) was interviewed on 7/18/17 at approximately 1230 and confirmed patient 1's MR lacked documentation per nursing staff of patient 1's right thigh surgical incision		assessments will be re-educated and monitored for compliance. 4) The Nurse Manager and/or the Wound Care nurse will review each admission to assure that wound care orders are entered by the physician. The doctor will be notified by the nurse manager or wound care nurse to initiate orders. This will be continued for six months or until 100% compliance is obtained for four consecutive months.	

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	wound assessment. Staff N1 confirmed nursing staff changed patient 1's right thigh surgical incision wound dressing on 5/19/17 at 1205 hours, 5/20/17 at 0800 hours, 5/21/17 at 0800 hours and 5/22/17 at 1600 and 2145 hours without a physician's order. Staff N1 confirmed nursing staff should follow physician's orders for wound treatments and dressing changes.			
S 0000 Bldg. 00	This visit was for one State hospital complaint investigation. Complaint number: IN00234702 Substantiated: deficiency related to allegations is cited Survey date: 7/18/2017 Facility Number: 005164 QA: 7/24/17	S 0000		
S 0912 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an			

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	organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital. Based on document review and interview, the nurse executive failed to ensure nursing staff follow their policy/procedure for wound assessment, prevention and documentation for 1 of 10 closed medical records reviewed. Findings include:	S 0912	This deficiency will be corrected by the following steps: 1) The CNO or Designee will in-service all RN's on the wound assessment policy. 2) The CNO or designee will review 20% of in-patient charts weekly to ensure daily wound assessments are completed timely. This will be continued for six months or until 100% compliance is	09/29/2017

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	1. Policy/procedure QCE-002, Wound Assessment, Prevention and Documentation, revised/reapproved 8/17/16 indicated on page 5: "b. Daily documentation of skin and wound inspection completed by an RN will include any of the following, if present: i. skin condition, ii. dressing integrity, iii. description of wound drainage, odor, pain, signs of inflammation or infection". 2. Review of patient 1's medical record (MR) lacked documentation of daily wound assessment of patient 1's right thigh surgical incision wound on 5/18/17. 3. Review of patient 1's MR indicated nursing staff provided wound treatment/dressing changes to patient 1's right thigh surgical incision wound on 5/19/17 at 1205 hours, 5/20/17 at 0800 hours, 5/21/17 at 0800 hours, 5/22/17 at 1600 and 2145 hours. Frequency of wound treatment and dressing changes could not be determined due to lack of physician orders for wound care for dates 5/18/17 to 5/22/17. 4. Staff N1 (Nurse Manager) was interviewed on 7/18/17 at approximately 1230 and confirmed patient 1's MR lacked documentation per nursing staff of patient 1's right thigh surgical incision wound assessment. Staff N1 confirmed		obtained for four consecutive months. 3) RN's who are found to be out of compliance on timely wound assessments will be re-educated and monitored for compliance. 4) The Nurse Manager and/or the Wound Care nurse will review each admission to assure that wound care orders are entered by the physician. The doctor will be notified by the nurse manager or wound care nurse to initiate orders. This will be continued for six months or until 100% compliance is obtained for four consecutive months.	

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	nursing staff changed patient 1's right thigh surgical incision wound dressing on 5/19/17 at 1205 hours, 5/20/17 at 0800 hours, 5/21/17 at 0800 hours and 5/22/17 at 1600 and 2145 hours without a physician's orders. Staff N1 confirmed nursing staff should follow physician's orders for wound treatments and dressing changes.			