

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 00 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2019
NAME OF PROVIDER OR SUPPLIER ST VINCENT HOSPITAL & HEALTH SERVICES		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 investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00232671</p> <p>Substantiated: State deficiency related to the allegation is cited.</p> <p>Date of survey: 09/09/2019</p> <p>Facility Number: 005075</p> <p>QA: 9/20/2019</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 facility failed to ensure a registered nurse evaluated the care planned for each patient in 2 of 5 medical records (MR) reviewed (patient 1, and 2's).</p> <p>Findings include:</p> <p>1. Review of facility policy, Patient Personal Hygiene: Guidelines for Providing Care (CHG [Chlorhexidine gluconate] Bathing) last approved 08/2018 indicated the following. Personal hygiene</p>	S 0930	<p>S 930 410 IAC 15-1.5-6 Nursing Service 410 IAC 15-1.5-6 (b) (3) Failure to ensure a registered nurse evaluated the care planned for each patient in 2 out of 5 medical records reviewed.</p> <p>Corrective Action (s): Personal Hygiene- St. Vincent Quality, Accreditation, and Director of 5 South nursing</p>	10/11/2019

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>is to be offered to all inpatients at least daily... NOTE: DO NOT use CHG above chin, wash hair and face first with Non-CHG soap/shampoo.</p> <p>2. Review of patient 1's MR lacked documentation patient had hair washed or refused on 6/11/2017, and 6/12/2017.</p> <p>3. Interview on 9/9/2019, at approximately 12:30 hours, with N4 (Quality) confirmed patient 1's MR lacked documentation patient received or refused shampoo on 6/11/2017, and 6/12/2017.</p> <p>4. Review of Mayo Clinic Nutrition and healthy eating, copyright 1998-2019, indicated the following. The National Academies of Science, Engineering, and Medicine determined that an adequate daily fluid intake is... about 11.5 cups (2.7 liters) of fluids a day for women. (11.5 cups = 92 oz.)</p> <p>5. Review of patient 1's MR indicated the following: 6/8/2019, adequate fluids. 6/9/2017, adequate fluids at 09:45, 10:15 and 21:25 hours, (total fluids recorded) 560 ml (approximately 19 oz.) of fluid. 6/10/2017, adequate fluids at 08:02 and 21:40 hours, (total fluids recorded) 480 ml (approximately 16 oz.) of fluids. 6/11/2017, no fluids indicated. 6/12/2017, adequate fluids at 08:15 hours, inadequate fluids 08:17 hours, 20:22 hours, no fluids indicated (total fluids recorded) 267 ml (approximately 9 oz.) of fluids. 6/13/2017, at 08:20 and 08:30 hours no indication of fluids, 19:45 hours adequate fluids. 6/14/2017, at 07:46 hours, no fluids indicated, 08:58 hours, adequate fluids.</p>		<p>unit reviewed the "Patient Personal Hygiene: Guidelines for Providing Care (CHG (Chlorhexidine gluconate) Bathing" policy to ensure it appropriately identified the required standard of practice and no revisions were warranted at this time.</p> <p>On or before October 11, 2019 5 South nurses were reeducated via shift huddles and through the weekly newsletter regarding the importance of offering a bath at least once daily and then documenting in the patient's medical record whether the bath was offered and completed or whether it was offered but refused by the patient.</p> <p>Documentation of fluid intake for patients ordered I/O-</p> <p>On or before October 11, 2019, 5 South nurses were reeducated via shift huddles and through the weekly newsletter regarding the importance of documenting when patient fluids are consumed if they are on I/O and if they are not being consumed. Further, they were reeducated that if a patient consistently is taking in less than required I/O then a physician should be notified so that they can further investigate why the intake goal is being missed and provide new orders.</p> <p>Monitoring: To ensure compliance, beginning in October 2019, the 5 South</p>	

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	<p>6. Interview on 9/9/2019, at approximately at 12:39 hours, with N4 confirmed the above.</p> <p>7. Review of patient 2's MR indicated the following. 05/14/2017, no indication of fluid intake, grand total indicated 316 ml. 05/17/2017, adequate fluids at 08:45, 14:20 and 20:49 hours, (total fluids recorded) 720 ml (approximately 24 oz.) of fluids.</p> <p>8. Interview on 9/9/2019, at approximately at 14:10 hours, with N4 confirmed the above.</p> <p>9. Interview on 9/9/2019, at approximately 14:30 hours, with N2 (Director Quality) confirmed no documentation that patient care staff put water in patient rooms.</p>		<p>manager or her designee will review 10 patient charts per week to ensure that there is evidence that the patient was offered a bath daily per policy and that it was either completed or refused and documentation of patient I/O consumption as ordered or if intake was not sufficient then physician was notified. Any identified gaps will be immediately discussed with the nurse on an individual basis for performance improvement. The audit process will be completed for 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 random audit. Results of audits will be reported to the Operations and Accreditation Committee.</p> <p>Responsible Person (s): Manager of 5 South or her designee is responsible for ensuring that 5 South nurses have a clear understanding of the importance of both offering and documenting daily in the patient's medical record that a bath was offered and completed or if a bath was offered and it was refused. Additionally, she will ensure that when 5 South patients are on I/Os that the nursing staff is documenting when patients consume fluids in the medical record and that if the patient is not</p>	

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				consuming sufficient amounts of fluid per order that the physician will be contacted for further orders. 5 South manager or her designee will be responsible for ensuring that nurses have a clear understanding that these items are documented per policy in the patient's medical record and that the deficiency will be corrected and will not recur.