

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

PRINTED: 08/28/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  150051		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2024	
NAME OF PROVIDER OR SUPPLIER  IU HEALTH BLOOMINGTON HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 2651 EAST DISCOVERY PARKWAY BLOOMINGTON, IN 47408			
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S 0000  Bldg. 00	<p>This visit was for the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00436502 - State Deficiency related to the allegation is cited at tag S930</p> <p>Survey Dates: 06/27/24 and 06/28/24</p> <p>Facility Number: 005047</p> <p>QA: 8/1/24</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 provide a daily bath for 4 of 5 patient medical records (MRs) reviewed (P1, P2, P3 and P4); failed to change external catheter, per policy every 8-12 hours for female patients and every 24 hours for male patients in 2 of 5 MRs reviewed. (P4 and P5); and failed to order referral for Dietician per policy due to diminished oral intake of three consecutive meals in 1 of 5 MR's reviewed. (P4)</p> <p>Findings include:</p> <p>1. Facility document titled, Patient Care Assistant</p>			S 0930	<p><b>How will you correct the deficiency?</b> July 2-19, 2024 - A multi-disciplinary team, including representation from Executive Nursing, Clinical Nurse Directors/Managers, Clinical Advisors, Clinical Nurse Specialists, Nursing Professional Development, Infection Prevention, Accreditation &amp; Regulatory, Quality &amp; Patient Safety, Risk Management, &amp; Clinical Informatics was</p>		09/13/2024

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

TITLE

(X6) DATE

Stephanie Grace, BSN, RN, CPHQ

SCR Accreditation & Regulatory, Senior Cons

08/23/2024

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>Pocket Survival Guide, no policy number, no revision date, indicated on Page 8 under Patient Care Shift Duties 7a-7p, Morning Care: baths/CHG (Chlorhexidine gluconate), fresh linens, and gown, peri-care, Cath-care (wipe with CHG), oral care, hair care. When bath and linens are complete remove blue linen bag and replace with empty one. Tidy room and take out trash, offer fresh drinks or anything else before leaving, document.</p> <p>2. Facility document titled Bed Bath, Revised May 20, 2024, under Introduction, Daily bathing with Chlorhexidine-impregnated disposable cloths can help prevent such hospital-acquired infections as central line-associated bloodstream infection and catheter-associated urinary tract infection.</p> <p>3. Facility policy titled Assessment and Reassessment of Adult Inpatients, no policy number, last approved 2/28/24, on Page 6, under Table 5: Routine Assessment, Diminished Oral Intake, Order Dietitian Consult When Diminished Oral Intake Assessed for 3 Consecutive Meals.</p> <p>4. Facility document titled External urine collection device use, assigned female at birth, last revised 12/11/23, under Implementation, Replace the device every 8 to 12 hours or whenever it becomes soiled with feces, blood or other nonurine body fluid.</p> <p>5. Facility document titled External urine collection device use, assigned male at birth, last revised 12/11/23, under Special Considerations, The Primo fit device can be left in place for up to 24 hours. Replace the device when it's soiled with stool or body fluids other than urine.</p> <p>6. Review of P1 MR indicated patient admitted 5/28/24 through 6/1/24. MR lacked documentation</p>				<p><i>established to review current processes to identify gaps &amp; barriers and establish root cause of noncompliance. Review identified opportunities for improvement and initiated process improvement projects utilizing the DMAIC process:</i></p> <ul style="list-style-type: none"> <li><i>Process Improvement</i></li> <li><i>Project 1: Establish standard work for care and appropriate documentation to align with evidenced based practice guidelines related to daily bathing, linen changes, and care of external catheters</i></li> <li><i>Process Improvement</i></li> <li><i>Project 2: Review &amp; Revise Nursing Assessment &amp; Reassessment policy, as necessary, to reestablish expectations related to assessment and reassessment of nutritional status including documentation of dietary intake and referrals, as applicable</i></li> <li><i>The following process improvement work groups were established on July 23, 2024:</i></li> <li><i>Bathing/Linens/External Catheters:</i></li> <li><i>Workgroup 1: Create evidence-based practice guidelines for bathing, linen changes, and external catheter care for all adult nursing units, including boarding units, with a completion date of September 13, 2024</i></li> <li><i>Workgroup 2: Develop an</i></li> </ul>		

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	<p>of patient bath on 5/28/24, 5/29/24, 5/31/24 and 6/1/24.</p> <p>7. Review of P2 MR indicated patient admitted 5/29/24 through 6/2/24. MR lacked documentation of patient bath from admission dates 5/29/24 through 6/2/24.</p> <p>8. Review of P3 MR indicated patient admitted on 5/29/24 through 6/6/24. MR lacked documentation of patient bath on 6/2/24 and 6/3/24.</p> <p>9. Review of P4 MR indicated patient admitted 5/25/24 through 5/30/24. MR lacked documentation of patient bath on 5/27/24 and 5/29/24. MR lacked documentation of external catheter change for dates 5/25/24 through 5/30/24. MR Lacked documentation of referral to Dietitian for patient diminished oral intake for three consecutive meals on 5/26/24.</p> <p>10. Review of P5 MR indicated patient admitted 5/24/24 through 6/1/24. MR lacked documentation of external catheter change on 6/1/24.</p> <p>11. In interview on 6/27/24 at approximately 1200 hours with A18 (Registered Nurse Manager), he/she indicated patients, as a standard, are given a bath every day and as needed, bed linen changed daily and as needed. A18 indicated assignments for PCA (Patient Care Assistant) to follow for each morning shift included a bath, fresh linens and gown, and for personnel to document patient care.</p> <p>12. In phone interview on 6/28/24 at approximately 1013 hours with N6 (Registered Nurse), he/she indicated it is standard to bathe patients at least daily and as needed; linen changes are completed daily and as needed.</p>				<p><i>education &amp; communication plan for all adult nursing units, including boarding units with a completion date of September 4, 2024</i></p> <ul style="list-style-type: none"> <li>· Workgroup 3: Define &amp; establish auditing processes to ensure ongoing compliance with completion date of July 23, 2024</li> </ul> <p><i>Dietary Intake &amp; Referrals:</i></p> <ul style="list-style-type: none"> <li>· Workgroup 1: Review &amp; Modify the Nursing Assessment &amp; Reassessment policy for alignment to Lippincott practice guidelines and/or manufacturer instructions for use and ensure standard work is in place for all adult inpatient units including boarding units, with a completion date of September 13, 2024</li> <li>· Workgroup 2: Develop an education &amp; communication plan for all adult nursing units, including boarding units, with a completion date of September 4, 2024</li> <li>· Workgroup 3: Define &amp; establish auditing processes to ensure ongoing compliance with completion date of July 23, 2024</li> </ul> <p><i>The 5E Acuity Adaptable &amp; Medical Observation Nursing Units provided re-education and implemented the following pilot process improvements on July 23, 2024:</i></p> <ul style="list-style-type: none"> <li>· Re-education provided to Registered Nurses (RNs) &amp;</li> </ul>		

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	<p>13. In interview on 6/27/24 at approximately 1050 hours with A10 (Registered Nurse Manager), he/she indicated a referral to Dietitian should be ordered if patients oral intake is diminished and provider notified. A10 confirmed lack of Dietician referral in P4's MR.</p> <p>14. In interview on 6/27/24 at approximately 1200 hours with A18 (Registered Nurse Manager), he/she indicated external catheters should be changed every 8 hours for female patient and once daily for male patients.</p> <p>15. In interview on 6/27/24 at approximately 1338 hours with A5 (Quality Review Specialist), he/she confirmed lack of documentation in P4 Medical Record of external catheter being changed during P4 hospital stay, indicated external catheter should be changed every 8-12 hours for female patient and every day for male patients. A5 also indicated lack of documentation in P5 Medical Record of external catheter change on 6/1/24.</p> <p>16. In phone interview on 6/28/24 at approximately 1013 hours with N6 (Registered Nurse), he/she indicated if patient is eating poorly, a Dietitian referral is made, calorie counts done, and supplements given. External catheter is change once daily for male patient and 2 times daily for female patient.</p>				<p><i>Patient Care Associates (PCA) related to daily bathing, linen changes, and associated documentation requirements completed on July 23, 2024</i></p> <ul style="list-style-type: none"> <li>· Re-education provided to Registered Nurses (RNs) &amp; Patient Care Associates (PCA) related to dietary intake assessment, documentation expectations, and referral process completed on July 23, 2024</li> <li>· Huddle Board for daily visualization of hygiene items and goals (identified above) to be placed in the Medical Observation Nurse station, initiated July 23, 2024</li> <li>· Implemented process to monitor &amp; audit completion and documentation of bathing, linen changes, external catheter care &amp; replacement, and dietary intake &amp; referrals, if applicable, initiated July 23, 2024</li> </ul> <p><i>Nursing Professional Development (NPD) &amp; Nursing Leadership to deliver on education &amp; communication plan that includes, but is not limited to the following: Printed Education Materials, Online Learning, Bedside Coaching, and Orientation &amp; Onboarding of all nursing care team members, Registered Nurses (RN), Licensed Practical Nurses (LPN), and Patient Care Assistants (PCA), with an implementation date of September</i></p>		

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				<p>4, 2024</p> <p><i>Nursing Professional Development (NPD) Team and the Clinical Nurse Specialists (CNSs) will review and revise the Nursing Assessment &amp; Reassessment Policy, as applicable, to align with evidence-based practice guidelines for care of external catheters &amp; develop clinical practice guidance for bathing &amp; linen changes, with completion date of September 13, 2024</i></p> <p><i>Education, Standard Work Revisions (including documentation expectations) &amp; Auditing processes to be implemented across all adult nursing units, including boarding units, with completion date of September 13, 2024</i></p> <p><b>How will you prevent the deficiency from recurring the future (sustainment plan &amp; monitoring)?</b></p> <ul style="list-style-type: none"><li>· Monitoring process implemented to ensure compliance with established guidelines for bathing/linen changes, external catheter care, and dietary intake assessments &amp; referrals, including applicable documentation:</li><li>· Bathing/Linen – Thirty (30) random audits will be completed per month, across adult nursing units &amp; shifts, including boarding</li></ul>			

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			<i>units, to ensure hygiene has been completed and documented until 90% compliance is achieved for 90 consecutive days. Once 90% compliance is achieved for 90 consecutive days, 30 random audits will be completed quarterly for 2 consecutive quarters to ensure ongoing sustainment.</i> · External Catheters – <i>Audits will be conducted across adult nursing units &amp; shifts, on all patients with an external catheter in place to ensure catheter care, including catheter replacement, is completed &amp; documented per established guidelines until 90% compliance is achieved for 90 consecutive days. Once 90% compliance is achieved, 30 random audits will be conducted quarterly for 2 consecutive quarters to ensure ongoing sustainment.</i> · Dietary Intake & Referrals – <i>Thirty (30) random audits will be completed per month, across adult nursing units &amp; shifts, including boarding units, to ensure dietary intake was documented per meal and referrals were initiated per policy until 90% compliance is achieved for 90 consecutive days. Once 90% compliance is achieved for 90 consecutive days, 30 random audits will be conducted quarterly for 2 consecutive quarters to ensure ongoing sustainment.</i>		

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					<b>Who (by title) is responsible for #1 &amp; #2 above?</b> <i>Associate Chief Nursing Officer</i>  <b>By what date are you going to have the deficiency corrected?</b> <i>All corrective actions will be completed by September 13, 2024</i>		