| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 151318 | A. BUILDING 00<br>B. WING | 06/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| DUKES MEMORIAL HOSPITAL | 275 W 12TH ST<br>PERU, IN 46970 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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<br><br>Bldg. 00 | This visit was for investigation of a state licensure hospital complaint.<br><br>Complaint Number: IN00437059 - State deficiency related to the allegations is cited at S0930.<br><br>Date of Survey: 6/25/24<br><br>Facility Number: 005062<br><br>QA: 6/27/2024 & 6/28/2024 | S 0000 | | |
| S 0930<br><br>Bldg. 00 | 410 IAC 15-1.5-6<br>NURSING SERVICE<br>410 IAC 15-1.5-6 (b)(3)<br><br>(b) The nursing service shall have the following:<br><br>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.<br>Based on document review and interview the facility failed to ensure a Registered Nurse followed facility policy related to vital signs/pain level assessments/reassessments for 2 of 5 patients (Patients #1 and #2); and failed to ensure notification to physician of elevated blood pressure for 1 of 5 patients (Patients #1).<br><br>Findings include:<br><br>1. Facility policy titled "(PCS.03.18) Pain Assessment and Management" with a published date of 9/2022, indicated the following, on page 2 under section V. ACTION DIRECTIVES: "A. All patients have the right to have their pain | S 0930 | The systemic steps made to ensure the deficiency does not recur included a review of both policies Pain Assessment/Reassessment (PCS.03.18) and Dismissing a Patient from the Emergency Department Room (ED.03.11.02) and these policies met standard, and no recommendation for changes were made.<br><br>The Emergency Department Leadership provided training on the policies with specific emphasis on | 07/15/2024 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Shalon Johnson-Taylor | Chief Quality Officer | 07/16/2024 |

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| | managed. Patients and families are involved in making care decisions, including managing pain at a level that is acceptable to the patient. B. Patient will receive prompt assessment and management of pain. Clinical staff will conduct periodic reassessments of the patient for relief from pain and/or responses to treatment. VI. DOCUMENTATION: B. Patient's pain assessments and pain intervention, and reassessment should be documented in the Electronic Medical Record."<br><br>2. Facility policy titled "(ED.03.11.02) Dismissing a Patient from the Emergency Department (ED)" with a published date of 11/2021, indicated the following, on page 1 under section III. ACTIONS: "N. Vital Signs (v/s) including b/p (blood pressure, HR (heart rate), respirations, pain and temperature if indicated should be reassessed within 30 minutes of discharge for patients with an ESI (Emergency Severity Index) score of 1, 2, or 3, and those with abnormal v/s on their previous assessment regardless of ESI score. These v/s should be within the guidelines established by ACLS (Advanced Cardiac Life Support) standards. If outside these parameters, notify the provider and document the notification and order(s) or no order(s) received."<br><br>3. A review of Patient #1's medical record indicated the following:<br><br>(a.) Review of a triage note for Patient #1 dated 6/18/24 at 5:50 p.m. indicated the patient's chief complaint was left upper tooth pain that had been intolerable since they had a root canal five days prior. Patient #1 indicated that the pain level was 8 out of 10. Patient #1's vital signs indicated a blood pressure of 165/114 mmHg (millimeters of mercury). | | pain management including assessment, prompt reassessment for intervention and documentation in the electronic medical record as outlined in the policy. The educational training also included the assessment of patients prior to dismissal from the Emergency Department including reassessment of vital signs and pain level within thirty minutes of discharge according to results and the emergency severity index. In addition, the educational training included notification to the provider of abnormal results and documentation of orders. The educational training was conducted during unit discussions and meetings and was completed on July 15, 2024. All new hires will be educated during department orientation on policy expectations.<br><br>The corrective actions will be monitored by the Emergency Department Leadership to ensure the deficiency will not recur. Monitoring includes audits of documentation of pain assessment, pain intervention reassessment, reassessment of vitals and pain level prior to discharge, notification to the provider of vital signs outside of established parameters and documentation are being conducted weekly. The benchmark is 100% for 3 consecutive months then quarterly | |

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| | (b.) A review of physician orders for Patient #1 indicated an order for Percocet 5/325 milligrams, two tablets by mouth once.<br><br>(c.) A review of the medication administration record for Patient #1 indicated the patient was administered Percocet 5/325 milligrams, two tablets by mouth on 6/18/24 at 6:40 p.m. The medical record for Patient #1 lacked documentation of a pain level assessment after the administration of the pain medication. The medical record for Patient #1 also lacked documentation of a pain level reassessment within 30 minutes of discharge from the facility on 6/18/24 at 6:48 p.m.<br><br>(d.) A review of vital signs for Patient #1 on 6/18/24 at 6:46 p.m., indicated the patient's blood pressure was 171/110 mmHg and lacked documentation of additional blood pressure reassessment prior to the patient's discharge and also lacked documentation of physician notification of the patient's elevated blood pressure prior to their discharge.<br><br>4. A review of Patient #2's medical record indicated the following:<br><br>(a.) Review of a triage note for Patient #2 dated 6/18/24 at 4:45 p.m. indicated the patient's chief complaint was left arm pain from elbow to wrist and were involved in a motor vehicle accident. Patient #2 indicated that the pain level was 10 out of 10.<br><br>(b.) A review of physician orders for Patient #2 indicated an order for Motrin 800 milligrams, one tablet by mouth once. | | for a year to be included in the departmental performance improvement initiatives dashboard. Progress will be reported at the Quality Assurance Performance Improvement Committee meeting.<br><br>The Director of Nursing is ultimately responsible for correcting the deficiency and preventing the deficiency from recurring. | |

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| | (c.) A review of the medication administration record for Patient #2 indicated the patient was administered Motrin 800 milligrams, one tablet by mouth on 6/18/24 at 5:38 p.m. The medical record for Patient #2 lacked documentation of a pain level assessment prior to and/or after the administration of the pain medication. The medical record for Patient #2 also lacked documentation of a pain level reassessment within 30 minutes of discharge from the facility on 6/18/24 at 5:58 p.m.<br><br>5. During an interview with A1 (Registered Nurse/Quality Coordinator) on 6/25/24 at 4:30 p.m., A1 verified the medical record information for Patients #1 and #2. | | | |