

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/15/2021
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NAME OF PROVIDER OR SUPPLIER  PINNACLE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP COD 9301 CONNECTICUT DR CROWN POINT, IN 46307
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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: IN00287359</p> <p>Substantiated: Deficiency related to the allegation is cited.</p> <p>Survey Dates: 06/14/2021 &amp; 06/15/2021</p> <p>Facility Number: 006619</p> <p>QA: 6/24/2021</p>	S 0000		
S 0406  Bldg. 00	<p>410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(a)(1)</p> <p>(a) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor.</p> <p>Based on document review and interview, the facility failed to ensure an occurrence report, which had occurred on the inpatient unit, was completed in one (1) instance. (Patient # 5)</p> <p>Findings include:</p>	S 0406	<p>To: <a href="mailto:PLACompliance@pla.IN.gov">PLACompliance@pla.IN.gov</a></p> <p>Plan of Correction</p>	06/29/2021

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>1. Review of the hospital policy titled, "Mandatory Reporting of Patient-Visitor Occurrences", policy number QR-10, last reviewed in 01/2016, indicated the following:</p> <p>A. To establish a uniform reporting system for all occurrences that are outside of the ordinary activities of a healthcare facility environment that have the potential to or have resulted in an injury to a patient.</p> <p>B. An occurrence "is defined as an unusual happening which is not consistent with the routine operation of the hospital" or the routine care of a particular patient".</p> <p>C. It "is the responsibility of each hospital associate who becomes aware of an occurrence to complete an occurrence report".</p> <p>2. Review of the Nurses Notes, dated 05/21/2017 at approximately 1:25 am by NS # 1 (Registered Nurse-RN), indicated the patient "progressively getting increasingly confused". The patient "forgetful" and agitated, "unable to state location believing" he/she "is in an apartment complex". At 1:30 am the Physician was notified for increased blood pressure, "increased confusion" and increased hostility. The patient refused the Ativan which was ordered by the Physician for agitation. At 1:35 am "I called 911" to inform that "a confused person" had left the hospital with his/her intravenous (IV) site in place. At 1:50 am PO # 1 (Police Officer) arrived with the patient. At 1:59 am A # 1 (Chief Nursing Officer-CNO, Chief Operating Officer-COO) was informed of the situation.</p> <p>3. Review of the "Board of Managers Meeting" dated 07/31/2017, indicated the Quality Committee 2nd quarter of "2017 Incident Reporting data" was presented that included medication errors, near</p>		<p>Date of Violation: 06/14/2021, 06/15/2021</p> <p>Violation: 410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4(a)</p> <p>(1) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: (1) [a]ll services, including services furnished by a contractor.</p> <p>Plan Responsible Party Completion Date Educate all staff about incident reporting upon hire at General Orientation and annually through Health Stream education courses.</p> <p>Clinical Educator 6/29/2021 Utilize an internet-based incident reporting system to replace the paper-based reporting system that was previously utilized. Quality Manager Use of RL-6 began in 2018 and use of Performance Health, to</p>	

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>misses in medication errors, inpatient falls and code blue.</p> <p>4. In interview with administrative staff member A # 1 on 06/15/2021 at approximately 1:05 pm, confirmed that a confused patient leaving against medical advice (AMA) in the middle of the night would be an unusual occurrence and would warrant an incident report. A # 1 confirmed if the meeting minute data didn't indicate an incident report for an AMA was presented, then one wasn't done.</p> <p>5. No further documentation was provided prior to exit related to an Occurrence/Incident report being completed for the unusual occurrence that had occurred on 05/21/2017 on the inpatient unit.</p>		replace RL-6, began in June of 2021.		