

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150086	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2017
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NAME OF PROVIDER OR SUPPLIER DEARBORN COUNTY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 WILSON CREEK RD LAWRENCEBURG, IN 47025
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S 0000 Bldg. 00	<p>This visit was for one State hospital complaint investigation.</p> <p>Complaint number: IN00208866 Substantiated: deficiency related to allegations is cited.</p> <p>Survey date: January 11, 2017</p> <p>Facility Number: 005077</p> <p>QA: 01/27/2017 LH</p>	S 0000		
S 0912 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(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.</p>			

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(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.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based on document review and interview the facility failed to follow established policy and procedure for the treatment and care of sexual assault victims in 1 of 5 medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. Review of Sexual Assault Nurse Examiner (SANE) Guidelines, Emergency Department Policy & Procedure 15.2, revised/reviewed on 12/15 indicated on page 1:</p> <p style="padding-left: 20px;">A. the nurse examiner is responsible for the collection of sexual assault evidence and that is given to the appropriate law enforcement agency.</p> <p style="padding-left: 20px;">B. documentation should include the following information: site and time of assault, nature of physical contacts, race</p>	S 0912	<p>Sexual Assault Nurse Examiner Guidelines/Sexual Assault Victim Care of</p> <p>Deficiency will be corrected by the Director of Patient Care Services and Emergency Department Manager.</p> <p>The Sexual Assault Nurse Examiner Guidelines will be updated to include the following:</p> <p style="padding-left: 20px;">1. In the event that the patient's injuries require an escalation of care, or the patient is unstable for the exam, the exam will be delayed until patient is</p>	02/11/2017

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	<p>and number of assailants, relationships to assailants, weapons and restraints used...</p> <p>2. Review of Sexual Assault Victim Care Of, Emergency Department Policy & Procedure 15, revised/reviewed on 12/15 indicated on page 2: A. nurse examiner to do exam. B. nurse examiner will do all evidence collection.</p> <p>3. Review of patient 1 MR on 1/11/17 at approximately 1200 indicated: A. patient presented to the ED on 8/28/16 at 2349 hours with complaint of sexual assault. B. review of ED Physician Visit Report dated 8/29/16 at 0342 hours per medical staff 1 indicated: we have called all our Sexual Assault Nurse Examiner (SANE) nurses and there are no SANE nurses available to come in and do a sexual assault exam. C. patient 1's MR lacked documentation a sexual assault exam was completed and lacked documentation of a nurse examiner properly preserving evidence (clothing)</p> <p>4. On 1/11/17 at approximately 1200 hours, staff P5 (Director of Patient Care Services) confirmed experienced SANE</p>		<p>stabilized. All efforts will be made to preserve evidence. 2.In the event that a nurse examiner is unavailable, the ED RN will assume responsibility of the care of the patient and will follow DCH Care of the sexual assault victim policy. The only exception is the pelvic exam and collection of specimens from the cervix and vaginal vault. This part of the exam will be completed by the medical provider.</p> <p>The Sexual Assault Victim Care of Policy will be updated to include the following:</p> <p>1.Any photos taken must be uploaded into the EMR by the RN or the department manager will be notified to upload the images. 2.In the event that patient is under the care of an ED RN and not a sexual assault nurse examiner, the medical provider will complete the internal</p>		

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	nurses were not available to examine patient 1 and the facility did not follow their policies for treatment of a sexual assault victim. Staff P5 confirmed patient 1's MR lacked documentation for the care of a sexual assault victim as per facility policy. Staff P5 confirmed lack of documentation of evidence collected per policy by a SANE nurse. Staff P5 confirmed the wording "Nurse Examiner" in the above mentioned policies is equal to the reference of SANE nurse.		inspection and specimen collection portion of the examination. ED nursing staff will review the updated policies. The education on changes will be provided by the Emergency Department manager. Will be corrected by February 11, 2017. Compliance will be measured by review of documentation and adherence to policy change of all patients admitted to the Emergency Department with the diagnosis of sexual assault from March 1, 2017 - September 30, 2017.		