STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005077	A. BUILDING: _____ B. WING _____	09/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEARBORN COUNTY HOSPITAL	600 WILSON CREEK RD LAWRENCEBURG, IN 47025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for a State complaint survey. Complaint Number: IN00154226 Unsubstantiated - allegation did not occur 2 unrelated deficiencies are cited Survey Date: 9-10-14 Facility Number: 005077 Surveyor: Jack I. Cohen, MHA Medical Surveyor QA: claughlin 10/03/14	S 000		
S 318	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(F) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (F) Ensuring cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and hospital policy for all health care workers, including contract and agency personnel, who provide direct patient care.	S 318		

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S 318	Continued From page 1 This RULE is not met as evidenced by: Based on document review and interview, the hospital failed to ensure cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and hospital policy for 2 of 5 medical staff credential files reviewed. Findings: 1. Review of the Medical Executive Committee Minutes of June 13, 2003, indicated the following: Action: MD#8 motioned to follow the State guidelines that require CPR for certification. MD#8 also motioned to decrease the number of physicians required to maintain CPR certification. Anesthesiologists, CRNAs (certified registered nurse anesthetist), Emergency Department (ED) Physicians, and NP (nurse practitioner) in the ED would be the only members required to maintain such certification. MD#9 seconded the motion. The motion was unanimously approved. Further review of the minutes indicated they did not state for any other members of the medical staff, what constituted competency for those physicians. 2. Review of 5 medical staff credential files indicated files MD#2, a pediatrician, and MD#3, a family practitioner, did not have any documentation of CPR competency in accordance with current standards of practice and hospital policy. 3. In interview, on 9-10-14 at 12:50 pm, employee #A1, VP of Patient Care Services and employee #A2, Executive Asst/Medical Staff Coordinator, confirmed the files contained no	S 318		

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S 318	Continued From page 2 documentation of CPR competency for MD#2 and MD#3, and no other documentation was provided prior to exit.	S 318		
S 718	410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(3) (c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows: (3) The hospital shall use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries. Each entry shall be authenticated promptly in accordance with the hospital and medical staff policies. This RULE is not met as evidenced by: Based on document review and interview, the hospital failed to have a policy to use a system of record maintenance that protected the security of all medical record entries in 5 of 5 medical staff files reviewed. Findings: 1. In interview, on 9-10-14 at 12:45 pm, employee #A1, VP of Patient Care Services, indicated physicians had access to the hospital's electronic medical record system. 2. Review of 5 medical staff credential files	S 718		

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S 718	Continued From page 3 indicated files MD#1, a hospitalist, MD#2, a pediatrician, MD#3, a family practitioner, MD#4, an emergency room practitioner, and MD#5, an obstetrician/gynecology practitioner, had no documentation there was a signed statement that the individual whose signature the computer code represents is the only one who will use it, and that there is no delegation of the use of such code to another individual. 3. In interview, on 9-10-14 at 12:45 pm, employee #A1 and employee #A2, Executive Asst/Medical Staff Coordinator, confirmed the above. On that same date and time, the employee was requested to provide documentation of a policy on the above matter and no documentation was provided prior to exit.	S 718		