

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

PRINTED: 09/02/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/21/2021
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH BEDFORD HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP COD 2900 W 16TH ST BEDFORD, IN 47421
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S 0000 Bldg. 00	<p>This visit was for investigation of a State Licensure hospital complaint.</p> <p>Complaint Number: IN00312157</p> <p>Unsubstantiated: Lack of sufficient evidence. Deficiency unrelated to allegation is cited.</p> <p>Survey Date: 7/21/2021</p> <p>Facility Number: 004683</p> <p>QA: 7/29/2021</p>	S 0000		
S 1318 Bldg. 00	<p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING 410 IAC 15-1.5-10 (e)(3)(A)(B)(C) (D)(E)(F)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(3) transfers or refers patients, along with the necessary medical information and records, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care. The information shall include, but not be limited to, the following: (A) medical history; (B) current medications;</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 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>(C) activities status; (D) nutritional needs; (E) outpatient service needs; (F) follow-up care needs; and</p> <p>Based on document review, the facility failed to ensure that a staff nurse called report to a receiving facility staff nurse upon transfer of patient for 1 of 5 (Patient 3) patient medical records reviewed.</p> <p>Findings:</p> <p>1. Review of policy titled, "Transfer of Patient", revised/approved 9/2018, stated the patients nurse will call report to the nurse at receiving facility and document that nurse's name, date and time of report in the electronic medical records (EMR).</p> <p>2. Review of Patient 3's medical record (MR) lacked documentation of report called from a staff nurse to a staff nurse at receiving Skilled Nursing Facility (SNF) prior to transfer on 11/13/2019.</p>	S 1318	<p>IDR Request: <i>An Internal Department Review is requested on tag S1318 deficiency. During the onsite survey, the MedSurg Clinical Nurse Manager who is newer to IU Health Bedford, was unable to locate the documentation of the nurse (sending) to nurse (receiving) handoff prior to the patient transfer to an extended care facility. At the time of the allegations (Nov 2019), the transfer documentation was not standardized across the facility and there were multiple versions of the Patient Transfer Summary which included both paper and electronic options; therefore, in reviewing the record of Patient 3 after the surveyor exited the facility, the Clinical Nurse Manager located the electronic documentation (Attachment A) of the nurse to nurse handoff/report which included the name of the receiving nurse, date, and time report/handoff that was completed on November 13, 2019 at 1537 (Attachment A & B). During the onsite survey, the Clinical Nurse Manager was looking for the paper documentation (Patient Transfer Summary) that is currently utilized by all departments across the facility (Attachment C).</i></p>	08/12/2021	

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			<p>Attachment A: Patient Transfer to Another Facility Documentation</p> <p>Attachment B: Patient Transfer to Another Facility</p> <p>Attachment C: Patient Transfer Summary</p> <p>Plan of Correction Text:</p> <p>1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of the correction.</p> <p><i>The transfer process and Patient Transfer Summary forms were evaluated, revised, and standardized across the facility to include the necessary requirements for physicians and nursing on one paper form. Re-education on the transfer requirements, including the policy and documentation was provided to the MedSurg Nursing team on 08.12.21.</i></p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p><i>An audit will be completed on 100% of transfers from the MedSurg unit to ensure compliance with the documentation requirements. The audits will be completed monthly until 100% compliance is achieved for 3 consecutive months at which time the audits will be changed to random quarterly audits. Compliance data will be analyzed</i></p>	

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			<p><i>and reported via the Quality & Safety Committee monthly until sustainment is achieved and then will move to quarterly reporting.</i></p> <p>3. Who is going to be responsible for the numbers above? (director, supervisor, etc?)</p> <p><i>The MedSurg Clinical Nurse Manager will be responsible for all plan of correction and sustainment activities.</i></p> <p>4. By what date are you doing to have the deficiency corrected?</p> <p><i>All corrective actions will be completed by August 12, 2021</i></p>		