

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150051	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/02/2019
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NAME OF PROVIDER OR SUPPLIER IU HEALTH BLOOMINGTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 601 W SECOND ST BLOOMINGTON, IN 47403
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S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00252466</p> <p>Unsubstantiated: An unrelated deficiency is cited.</p> <p>Survey Date: 1/2/19</p> <p>Facility Number: 005047</p> <p>QA: 1/15/19</p>	S 0000		
S 0912 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 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. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff</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>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 nurse executive failed to ensure nursing personnel met requirements established by the hospital for 1 (one) student nurse in 1 (one) facility.</p> <p>Findings include:</p> <p>1. Review of Policy number 5462966, titled Clinical Experiences for Nursing Students, Last revised 07/2016, indicated the following:</p> <p>a. Section V. Policy Statements. C. (The Hospital) will retain responsibility for patients and/or clients and will maintain administrative and professional supervision of students.</p> <p>b. Section VI. Procedures. Graduate, Post Baccalaureate Nursing Certificate and Doctoral Degree Program Students: B. Required forms to be submitted prior to the clinical experience include: 2. Clinical Instructor and Student Orientation Checklist.</p> <p>2. Review of the personnel file/documentation for student nurse, SN1, indicated the following:</p> <p>a. SN1 initiated the Clinical Mandatory Checklist with "Placement START and END Dates:" indicated as 8/22/16 to 5/12/18.</p> <p>b. School approval was signed by an "Authorized School" representative on 8/22/16.</p> <p>c. The form lacked documentation of "Student Placement Approval" by hospital/human</p>	S 0912	<p>Compliant Number: IN252466 ISDH Tag: S 912</p> <p>1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <p>(a.) Improvements were made to comply with policy on the Indiana University health Clinical Instructor and Student Orientation checklist and now includes AIDET (acknowledge, introduce, duration, explanation, and thank you), white boards, purposeful rounding and safe handoffs. IU Health Bloomington to connect with academic programs to confirm orientation content and provide education regarding checklist changes. Completion date is February 28, 2019.</p> <p>(b.) Human resources will review each student's paperwork for accuracy. Once everything is complete human resources immediately signs the paperwork before making students name badge. The student only receives name badge once paperwork is completed, reviewed, and signed</p>	02/28/2019

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	<p>resources staff.</p> <p>d. The form lacked "Clinical Student/Instructor Non-Hospital Personnel Agreement" completion, by lack of indication with a "check or highlight" of boxes listed on the form to indicate the following: "I have read, acknowledged, and agree to abide by the following:" Eight (8) items were listed, including, but not limited to:</p> <p>___ I will follow the Professional Image and Dress Code Guidelines as detailed in this application.</p> <p>___ I have studied the National Patient Safety Goals included in the Student Inservice.</p> <p>___ I will remember the Standards of Assurance (quality, communication, environment, accessible) and will treat everyone that I encounter with respect.</p> <p>e. The form was signed by the SN1 and dated 8/19/16.</p> <p>3. The following was indicated in interview:</p> <p>a. On 1/2/19, between approximately 2:00 p.m. and 4:00 p.m., A2, Quality Data Coordinator, verified that patient P2 had had student nurse SN1 assigned to his/her care on 1/26/18.</p> <p>b. On 1/2/19, between approximately 4:15 and 5:00 p.m., A7, Vice President/Human Resources (HR), together with A8, HR Specialist, via phone conversation, verified the documentation for student nurse SN1 was incomplete and that the hospital had no further documentation available at this time. A7 also indicated that student nurses are only allowed to provide patient care after receipt of a hospital badge and that badges should not be distributed until completion of all forms. A7 indicated that it appeared SN1 had been issued a badge without the form(s) having been completed.</p>		<p>by human resources. Human resource department is responsible for making all name badges. Completed January 29, 2019.</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>(a.) In the future, IU Health Bloomington will connect with academic programs each semester prior to students beginning clinical to review orientation content and ensure completion of documentation. IU Health Bloomington HR will maintain student orientation documents.</p> <p>(b.) Reviewed human resources paperwork for accuracy related to required documentation. 73 student forms were reviewed compliance on all documentation was 100%.</p> <p>3. Who is going to be responsible for the numbers above?</p> <p>(a.) Director Nursing Professional Development and Innovation (b.) Manager Human resources</p> <p>4. By what date are you going to have the deficiency corrected?</p> <p>(a.) Review and education is in</p>				

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			process of being corrected. Completion date is February 28, 2019. (b.) Completion date was January 29, 2019.		