

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

PRINTED: 04/07/2017

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150061	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2017
NAME OF PROVIDER OR SUPPLIER DAVIESS COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1314 E WALNUT ST WASHINGTON, IN 47501		
(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) COMPLETION DATE
S 0000 Bldg. 00	<p>This visit was for one State hospital complaint investigation.</p> <p>Complaint number: IN00213748 Substantiated: deficiencies related to allegations are cited.</p> <p>Survey date: 2/1/17</p> <p>Facility Number: 005056</p> <p>QA: 03/21/17 JL</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</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>areas of the hospital.</p> <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 nurse executive failed to ensure that nursing staff follow established policy/procedure for discharge planning for 5 of 5 closed medical records reviewed.</p> <p>Findings:</p> <p>1. Policy/procedure, Discharge Planning, revised/reapproved 02/2016 indicated:</p> <p>A. page 1: 2. this plan includes the active participation of the patient and/or family and will be presented to the treatment team... The team and the patient and/or legal representative will sign the Treatment Plan Modalities form</p>	S 0912	<p>On March 29, 2017, the BHU Inpatient Discharge Planning Policy was updated (see attached policy).</p> <p>The policy now states that the treatment team, the patient and/or legal representative may sign the Treatment Plan Modalities Form acknowledging participation and agreement with the plan, if available. When the patient consents for admission are received, the treatment plan will be reviewed with the patient, family, and/or legal representative for their agreement with and participation with the plan. This will be documented on the Treatment Plan Modalities Form. Treatment team reviews are also completed weekly. At the completion of the treatment team review, the patient, family, and/or legal representative will be updated by staff on the results of</p>	05/01/2017

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	<p>acknowledging participation and agreement with the plan if available.</p> <p>B. page 2: 6. upon discharge, the patient and/or legal representative will receive a copy of the Discharge Instructions...</p> <p>2. Review of patient 1, 2, 3, 4 and 5's medical record (MR) lacked documentation of patient and/or family participation in the treatment plan. Review of the Treatment Plan Modalities form for patient 1, 2, 3, 4 and 5 lacked the patient and/or legal representative's signature acknowledging participation and agreement with the plan.</p> <p>3. Review of patient 1, 2, 3, 4 and 5's MR lacked documentation the patients and/or legal representatives received a copy of the Discharge Instructions.</p> <p>4. On 2/1/17 at approximately 1330 hours, staff N3 (RN Manager Behavioral Health Unit) was interviewed and confirmed patient 1, 2, 3, 4 and 5's MR lacked documentation of patient and/or family participation in the treatment plan and lacked documentation of the patient and/or legal representative's signature on the Treatment Plan Modalities form acknowledging participation and agreement with the plan. Staff N3 confirmed patient 1, 2, 3, 4 and 5's MR</p>		<p>the review. This is documented as part of the patient record. There has also been a new charting tab initiated on 4/4/17 which is the Caregiver Communication Tab. This is another area where family and/or legal representation communication may be documented.</p> <p>The five patients cited during the survey all had discharge instructions sent to their next level of care. However, our policy at the time stated that discharge instructions would be given to the patient and/or legal representative. The policy now states that the discharge instructions will be sent with the patient to the patient's next level of care.</p> <p>Education with staff has been initiated by the BHU Program Director and the BHU Nurse Manager. on this new policy and procedures. This will be completed by May 1, 2017.</p> <p>The BHU Program Director and the BHU Nurse Manager will be responsible for the ongoing monitoring of these changes in the patient record.</p>	

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	lacked documentation the patients and/or legal representatives received a copy of the Discharge Instructions.				