

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  06/06/2018
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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 one State hospital complaint investigation.</p> <p>Complaint number: IN00253700 Substantiated: Deficiency related to allegations is cited.</p> <p>Survey date: 6/18/2018</p> <p>Facility Number: 005047</p> <p>QA: 8/2/18</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</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>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 ensure staff follow their policy/procedure for Assessment/Reassessment of Adult Inpatients for 1 of 5 closed medical records reviewed (patient 1).</p> <p>Findings include:</p> <p>1. Policy/procedure Policy #: NURS-A-160, Assessment and Reassessment of Adult Inpatients, revised/reviewed 1/2017 indicated: A. page 2: "Registered Nurses are accountable for the patient assessment and documentation process". B. page 4: "Daily assessment and care standards: ADLS and Safety: Hygiene" (activities of daily living).</p> <p>2. Review of Nursing Flow Sheets indicated lack of documentation of bathing on 2/1/18, 2/2/18 and 2/3/18 for patient 1.</p> <p>3. Review of Physician Order for patient 1 dated 2/2/18 at 1423 hours per medical staff D2 indicated: "Apply Eucerin cream daily to right buttock skin breakdown. Keep patient off the area as much as he/she will tolerate". Review of Clinical Assessment Flowsheet dated 2/3/18 at</p>	S 0912	<p>ISDH Tag S_0912</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>(2) Review of Nursing Flow Sheets indicated lack of documentation of bathing on 2/1/2018, 2/2/2018, and 2/3/2018 for patient 1. A Mandatory Read and Sign Document that included education regarding bathing and documentation was given to all employees on nursing unit. The required signature reflects the employee has read and understands what is expected and required.</p> <p>(3) Review of physician order for patient 1 dated 2/2/18 at 14:23 hours per medical staff D2 indicated. "Apply Eucerin cream daily to right buttock skin breakdown. Keep patient off the area as much as her/she will tolerate". Review of Clinical Assessment Flowsheet dated 2/3/2018 at 2210 and 2354 hours indicated: "Right buttock</p>	08/24/2018

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	<p>2210 and 2354 hours indicated: "Right buttock; Aquaphor applied". Review of Clinical Assessment Flowsheet dated 2/4/18 at 0530 and 0800 hours indicated: Right buttock; Aquaphor applied".</p> <p>4. On 6/6/18 at approximately 1400 hours, staff N5 (Manager of Clinical Operations) was interviewed and confirmed patient 1's MR lacked documentation of daily assessment of ADLs, specifically bathing. Staff N5 confirmed staff should follow policy/procedure for documentation of daily patient assessments of ADLs. Staff N5 confirmed patient 1's MR lacked documentation of wound treatment as ordered per physician for application of Eucerin to right buttock pressure ulcer. Staff N5 confirmed staff should follow physician orders for treatment and documentation of wound care.</p>		<p>Aquaphor applied". Review of Clinical Assessment Flowsheet dated 2/4/2018 at 0530 and 0800 hours indicated: Right buttock; Aquaphor applied".</p> <p>The order is reviewed by the nurse and validated that the correct cream is placed in room. The information is on the patient care assistant task list, verbally reviewed nurse to patient care assistant, and on the communication board in the room.</p> <p>Education was provided in May 2018 at a mandatory nurse retreat for all staff. The retreat focused on hardwiring bedside reporting and utilization of the patient's communication board.</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>(2) Each shift a bath reported is printed and the charge nurse reviews with the patient care assistant. A plan is made to complete baths that were not given during previous shift. The expectation is if the bath was not completed during dayshift then night shift is responsible for completing the bath.</p> <p>(3) The RN huddles with the patient care assistant each shift and validates the appropriate care being provided to patient.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above; i.e.,</p>	

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			<p>director, supervisor, etc.? Manager Clinical Operations</p> <p>4. By what date are you going to have the deficiency corrected? (2) The deficiency was corrected 8/24/2018. All employees have completed the Mandatory Read and Sign Document. Audit of 30 charts that encompassed 165 days of charting is 100% compliant of documenting bathing.</p> <p>(3) The deficiency was corrected May 2018 at the mandatory</p>	