

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

PRINTED: 03/28/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  150017		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/19/2020	
NAME OF PROVIDER OR SUPPLIER  LUTHERAN HOSPITAL OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
A 0000  Bldg. 00	<p>The visit was for the investigation of a Federal EMTALA Hospital complaint.</p> <p>Complaint Number: IN00319485</p> <p>Unsubstantiated: Lack of sufficient evidence. Unrelated deficiency cited.</p> <p>Survey Date: 2/18-19/2020</p> <p>Facility Number: 005016</p> <p>QA: 3/3/2020</p>			A 0000			
A 2400  Bldg. 00	<p>489.20(I) COMPLIANCE WITH 489.24 [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.</p> <p>Based on document review and interview, the facility failed to ensure a physician certification of the risks and benefits of patient transfer to a facility with additional treatment capabilities was completed (see tag 2409) and failed to ensure copies of all medical records related to the presenting EMC (Emergency Medical Condition) were sent with the patient to the receiving facility (see tag 2409).</p> <p>Findings include:</p> <p>1. See findings cited at 489.24(e)(1)(ii)(B) and 489.24(e)(2)(iii) A2409.</p>			A 2400	This is addressed in the response for Tag S788.		04/10/2020
A 2409  Bldg. 00	<p>489.24(e)(1)-(2) APPROPRIATE TRANSFER (1) General</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 disclosable 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>If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless -</p> <p>(i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and</p> <p>(ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer.</p> <p>(B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or</p> <p>(C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii) (B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical</p>						

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	<p>person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.</p> <p>(2) A transfer to another medical facility will be appropriate only in those cases in which -</p> <p>(i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child;</p> <p>(ii) The receiving facility</p> <p>(A) Has available space and qualified personnel for the treatment of the individual; and</p> <p>(B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment.</p> <p>(iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e) (1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical</p>						

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	<p>records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and</p> <p>(iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.</p> <p>Based on document review and interview, the facility failed to ensure a physician certified the benefits and risks of patient transfer and obtained the written patient consent to transfer for Emergency Department (ED) patients transferring to an accepting facility for 4 of 20 medical records (MR) reviewed (Patients #1, 5, 6 &amp; 8) and failed to ensure copies of all medical records related to the presenting EMC (Emergency Medical Condition) were sent with the patient to the receiving facility for 1 of 20 MR reviewed (Patient #5).</p> <p>Findings include:</p> <p>1. Review of the policy/procedure Emergency Medical Treatment and Patient Transfer - EMTALA (revised 9-13) indicated the following: "Appropriate transfer occurs when 1) the transferring hospital provides medical treatment within its capacity and capability that minimizes risks to the individual's health...[and]...3) the transferring hospital sends to the receiving hospital all medical records (or copies thereof) related to the Emergency Medical Condition, including...treatment provided and the informed written consent of certification required..."</p> <p>2. Review of the policy/procedure Transition of Care (TOC), Continuity of Care Document (CCD) - Transfer to Another Facility and Patient Discharge (revised 6-19) indicated the following:</p>			A 2409	This is addressed in the response for Tag S788.		04/10/2020

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	<p>"V. Transferring Patient to Another Facility or Hospital...G...If patient is being transported by stretcher/ambulance, have physician complete "Patient Transfer Form" (Emprint ER-3401-2) (aka Physician Certification Statement)..."</p> <p>3. Review of the document titled Patient Transfer Form ER-3401-2 (revised 10-19) indicated the following: "To Be Utilized for All Patient Transfers - Emergency and Non-Emergency Complete Sections A and B for All Patient Transfers. Complete Section C Only for Emergency Transfers...Section A...1. Appropriate medical records of the examination and treatment of the patient provided to the receiving facility at the time of transfer...Section B...Risks related to transfer acknowledgement...I acknowledge I have been informed of the above and agree to transfer by the mode determined by the physician... [and]...I have been informed by the physician that the medical benefits of transfer outweigh the risks...[followed by a blank space for a signature of the patient or patient's representative and date &amp; time when signed]...Section C Additional Physician Documentation To Be Completed For Transfers From the Emergency Department and Labor &amp; Delivery...Transfer of the patient to a hospital with additional capacity and/or capabilities is medically indicated...Check only one...The patient is being transferred because of failure, refusal, or inability of an on-call physician to respond...I certify that the medical benefits expected from the provision of appropriate medical care at another facility outweigh the increased risks to the individual...[followed by a blank space for the signature of the Transferring Physician]..."</p> <p>4. Review of the MR for Patient #5 indicated a copy of the [facility name] Critical Care Transport</p>						

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S 0000  Bldg. 00	<p>Patient Signature Form (authorizing the financial responsibility for services provided) was signed on 11-22-19 by Family Member FM21 for Patient #5 and the patient was transferred to facility F075 on 11/22/19, and the MR lacked documentation of a Patient Transfer Form ER-3401-2 including documentation of the physician certification of the benefits and risks of patient transfer and/or the signed informed patient consent for transfer to facility F075 and/or an indication of the MR copies sent from facility F016 to the receiving facility F075.</p> <p>5. On 2-19-2020 at 1205 hours, the Interim ED Director A4 confirmed the MR for Pt#5 lacked documentation of a Patient Transfer Form ER-3401-2 including a Physician Certification of Transfer Need, a signed Patient Consent for Transfer, or the MR copies sent with the patient to the accepting facility.</p> <p>6. Review of the 8-9-19 MR for Patient #1, the 1-23-2020 MR for Patient #6, and the 12-9-19 MR for Patient #8 lacked documentation indicating a Patient Transfer Form ER-3401-2 was completed for each patient including documentation of the physician certification of the benefits and risks of patient transfer and/or a signed patient consent for transfer to the receiving facility F479.</p> <p>7. On 2-19-2020 at 1205 hours, 1312 hours and 1346 hours, staff A4 confirmed the MRs for Patients #1, 6 &amp; 8 lacked the indicated transfer documentation.</p> <p>The visit was for the investigation of a State hospital licensure complaint.</p>			S 0000			

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S 0788  Bldg. 00	<p>Complaint Number: IN00319485</p> <p>Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Survey Date: 2/18-19/2020</p> <p>Facility Number: 005016</p> <p>QA: 3/3/2020</p> <p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(i)(9)</p> <p>(i) Emergency service records shall document and contain, but not be limited to, the following:</p> <p>(9) Copy of transfer form, if patient is referred to the inpatient service of another hospital. If care is not furnished to a patient or if the patient is referred elsewhere, the reasons for such action shall be recorded.</p> <p>Based on document review and interview, the facility failed to ensure a transfer form including a physician certification of patient transfer and the written consent for patient transfer to an accepting facility was included in the medical record (MR) for 4 of 20 MR reviewed (Patients #1, 5, 6 &amp; 8).</p> <p>Findings include:</p> <p>1. Review of the policy/procedure Emergency Medical Treatment and Patient Transfer - EMTALA (revised 9-13) indicated the following:</p>			S 0788	<p><b><u>Tag S788 Medical Record Services: Lack of Transfer Form</u></b></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>✓ On February 28, 2020 all Emergency Department (ED) Nursing staff received education via email regarding the Transfer</p>		04/10/2020

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	<p>"Appropriate transfer occurs when 1) the transferring hospital provides medical treatment within its capacity and capability that minimizes risks to the individual's health...[and]...3) the transferring hospital sends to the receiving hospital all medical records (or copies thereof) related to the...treatment provided and the informed written consent of certification required..."</p> <p>2. Review of the policy/procedure Transition of Care (TOC), Continuity of Care Document (CCD) - Transfer to Another Facility and Patient Discharge (revised 6-19) indicated the following: "V. Transferring Patient to Another Facility or Hospital...G...If patient is being transported by stretcher/ambulance, have physician complete "Patient Transfer Form" (Emprint ER-3401-2) (aka Physician Certification Statement)..."</p> <p>3. Review of the document titled Patient Transfer Form ER-3401-2 (revised 10-19) indicated the following: "To Be Utilized for All Patient Transfers - Emergency and Non-Emergency Complete Sections A and B for All Patient Transfers. Complete Section C Only for Emergency Transfers...Section A...1. Appropriate medical records of the examination and treatment of the patient provided to the receiving facility at the time of transfer...Section B...Risks related to transfer acknowledgement ...I acknowledge I have been informed of the above and agree to transfer by the mode determined by the physician... [and]...I have been informed by the physician that the medical benefits of transfer outweigh the risks...[followed by blank space for a signature of the patient or patient's representative and date &amp; time when signed]...Section C Additional Physician Documentation To Be Completed For Transfers From the Emergency Department and</p>				<p>Form and requirements for completion, including all sections of the form and for 100% of transfers. 100% of ED Nursing staff will have a personal conversation with the Nurse Manager regarding transfer forms and sign a roster attesting to understanding and competency of the policy and requirement for transfer forms by March 27, 2020.</p> <p>¿ ED Provider education regarding the Transfer form, including the physician certification of patient transfer and the written consent for patient transfer to an accepting facility, will be added to the meeting agenda of the April Emergency Medicine Operations meeting. These meeting minutes are shared with all Emergency Room providers. (2400/A2409)</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>¿ To prevent recurrence of the deficiency, 100% of the transfer forms and checklist will be audited. Monday through Friday ED Manager or designee will complete the audits and provide immediate feedback to staff if deviation is found. ED Charge Nurses will audit 100% of the transfer forms on Saturday and Sunday and provide information to the ED Manager for follow up. Results will be reported to the</p>		



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	<p>Labor &amp; Delivery...Transfer of the patient to a hospital with additional capacity and/or capabilities is medically indicated...Check only one...The patient is being transferred because of failure, refusal, or inability of an on-call physician to respond...I certify that the medical benefits expected from the provision of appropriate medical care at another facility outweigh the increased risks to the individual...[followed by blank space for the signature of the Transferring Physician]..."</p> <p>4. Review of the MR for Patient #5 indicated a copy of the [facility name] Critical Care Transport Patient Signature Form (authorizing the financial responsibility for services provided) was signed on 11-22-19 by Family Member FM21 for Patient #5 and the patient was transferred to facility F075 on 11/22/19, and the MR lacked documentation of a Patient Transfer Form ER-3401-2 including documentation of the physician certification of the benefits and risks of patient transfer and/or the signed informed patient consent for transfer to the receiving facility F075.</p> <p>5. On 2-19-2020 at 1205 hours, the Interim Emergency Department Director A4 confirmed the MR for Pt#5 lacked documentation of a Patient Transfer Form ER-3401-2 including a Physician Certification of Transfer Need and/or a signed Patient Consent for Transfer.</p> <p>6. Review of the 8-9-19 MR for Patient #1, the 1-23-2020 MR for Patient #6 and the 12-9-19 MR for Patient #8 lacked documentation indicating a Patient Transfer Form ER-3401-2 was completed including documentation of the physician certification of the benefits and risks of patient transfer and/or a signed patient consent for transfer to the receiving facility F479.</p>				<p>Quality Council, Medical Executive Committee and the Board of Trustees. until 100% compliance is achieved for three consecutive months.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above? ↳ ED Nursing Staff Education and auditing will be completed by the ED Charge Nurse/ Manager/Director. They will be responsible for completing and maintaining the audit results, trending and addressing the deviations and reporting results to Quality Council, Medical Executive Committee and the Board of Trustees. ↳ The ED Provider education will be presented to the Emergency Services Committee by the ED Director.</p> <p>4. By what date are you going to have the deficiency corrected? ↳ April 10, 2020</p>		

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S 1518  Bldg. 00	<p>7. On 2-19-2020 at 1205 hours, 1312 hours and 1346 hours, staff A4 confirmed the MRs for Patients #1, 6 &amp; 8 lacked the indicated transfer documentation.</p> <p>410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2(b)(3)</p> <p>(b) The emergency service shall have the following: (3) intergration with other hospital services.</p> <p>Based on document review and interview, the facility failed to ensure its Emergency Department (ED) services were integrated with its Patient Access and Registration services for 1 of 20 medical records (MR) reviewed (Patients #5).</p> <p>Findings include:</p> <p>1. Review of the policy/procedure Consent to Treat (revised 1-2020) indicated the following: "A competent adult patient, 18 years of age or older, may consent to his or her own health care treatment ...An individual may appoint another to act as a representative in matters affecting their health care ..."</p> <p>2. Review of the MR for Patient #5 indicated on 11-22-19 the patient was present in the ED with family members including FM21 (spouse) for approximately 100 minutes and lacked documentation indicating a Consent for Medical Treatment was signed by the patient or the patient's representative during the ED visit.</p> <p>3. On 2-19-2020 at 1835 hours, the ED Nurse Manager A3 confirmed the patient registration</p>			S 1518	<p><b><u>Tag S1518 Emergency Services: ED Service Integrated with Patient Access &amp; Registration Services (Consents)</u></b></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>· On March 19, 2020 a lean event was held with ED Management and Patient Access Management to assess this process.</p> <p>¿ Out of the lean event, a new Consent for Medical Treatment was devised to be used at the time of Quick Registration.</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>¿ Education to Patient Access staff will be completed by April 12, 2020 on the legal</p>		04/12/2020

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S 1522  Bldg. 00	<p>process (which includes the written Consent for Medical Treatment) is not completed by the Patient Access and Registration staff until after the patient is seen by the medical provider in the ED.</p> <p>4. On 2-19-2020 at 1050 hours, staff A3 and the Quality Manager A5 confirmed the MR for Pt#5 lacked documentation indicating a Consent for Medical Treatment was signed by the patient or the patient's representative during the ED visit.</p> <p>410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2 (b)(5)(A)(B)</p> <p>(b) The emergency service shall have the following:</p>			<p>requirements for Consent to Treat and expectations for compliance.</p> <p>¿ To prevent recurring deficiencies, 20 charts will be audited per week for compliance with the current Consent to Treat process beginning March 28, 2020. Audits will continue until 100% compliance is obtained and maintained for 3 consecutive months. Results of the audit will be reported to the Quality Council, Medical Executive Committee and the Board of Trustees. on a monthly basis.</p> <p>¿ Upon go live of new process, Patient Access Staff will be educated on the new process and expectations for compliance.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above? ¿ Patient Access Manager will educate the Patient Access team regarding the completion of the Consent for the Medical Treatment as well as complete the audits.</p> <p>4. By what date are you going to have the deficiency corrected? ¿ April 12, 2020</p>			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150017		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/19/2020	
NAME OF PROVIDER OR SUPPLIER  LUTHERAN HOSPITAL OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>(5) Adequate qualified medical and nursing personnel available to meet the needs anticipated by the facility in accordance with 410 IAC 15-1.4-1 and 410 IAC 15-1.5-6, which includes, but is not limited to, the following:</p> <p>(A) A registered nurse on duty and available to patients presenting with an emergency condition, on a twenty-four (24) hour per day, seven (7) day per week basis.</p> <p>(B) A physician available at all times in accordance with 410 IAC 15-1.4 (d) (3) and attending to patients with an emergency condition.</p> <p>Based upon document review and interview, the facility failed to ensure that a Registered Nurse (RN) was readily available to patients arriving to the emergency department (ED) with an emergency condition for 2 of 20 medical records (MR) reviewed (Patients #15 &amp; 17).</p> <p>Findings include:</p> <p>1. Review of the policy/procedure Staffing in the Emergency Department (approved 10-19) indicated the following: "A six week work schedule will be formulated by the Nurse Manager (or designee) using an average number of associates required to assure that all areas on all shifts of Emergency Services are staffed...to provide safe and adequate associate numbers to care for patients..."</p> <p>2. Review of the policy/procedure Triage of ED Patients (revised 5-19) indicated the following: "Promptly identify patients requiring immediate, definitive care according to the [ESI] Emergency</p>			S 1522	<p><u>Tag S1522 Emergency Services: Qualified Medical and Nursing Personnel to meet Anticipated needs/Patients Left Prior to Triage (Lack of Documentation)</u></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>↳ Upon review of staffing for the day in question compared to policy "Staffing in the Emergency Department" it was discovered that there was no deficiency related to the staffing algorithm. The deviations that were found were discovered to be timely documentation of the disposition of patients who left without being treated. <i>This was noted by the surveyor at the time of survey.</i></p>		04/10/2020

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	<p>Severity Index (5 Level Triage)... Ambulatory patients presenting to the ED with the following conditions: ACS (Acute Coronary Syndrome)...will be immediately taken back to treatment room. All other ambulatory patients presenting to the ED will receive a gross observation by a triage trained RN documented by date, time, and signature on the consent to treat form."</p> <p>3. Review of administrative documentation listing all ED patients that left before triage for the period from 8-1-2019 thru 1-31-2020 indicated the following: A. Patient #15 came to the ED on 10-7-19 at 1332 hours with a chief complaint of chest pain and back pain and was not present at 1415 hours (43 minutes after arrival). B. Patient #17 came to the ED on 12-9-19 at 1442 hours with a chief complaint of chest pain and shortness of breath and was not present at 1636 hours (114 minutes after arrival).</p> <p>4. Review of the MR for Patient #15 lacked documentation indicating the chief complaint and/or a triage level was established and/or a gross observation was performed and/or lacked documentation that the patient was immediately taken back to a treatment room during the 43 minute patient encounter by the Registered Nurse RN02 identified in the ED Clinical Summary.</p> <p>5. Review of the MR for Patient #17 lacked documentation indicating the chief complaint and/or a triage level was established and/or a gross observation was performed and/or lacked documentation that the patient was immediately taken back to a treatment room during the 114 minute patient encounter by the Registered Nurse RN03 identified in the ED Clinical Summary.</p>				<p>1. Education was provided to nursing staff regarding the expectation of real-time documentation of the triage process and of the immediate disposition of Left Without Treatment patients in an e-mail dated February 28, 2020. 2. 100% of ED Nursing staff will have a personal conversation with the ED Nurse Manager regarding the above noted email, Policy 3.16.32 ED- Assessment and Reassessment, and real time documentation. They will sign a roster attesting to understanding and competency of the policy and requirement for real time documentation by April 10, 2020.</p> <p>2. How are you going to prevent the deficiency from recurring in the future? 3. Timely triage documentation by ED Nursing staff will be assessed through the auditing of 20 charts weekly. The audit results will be reported to the Quality Council, Medical Executive Committee and the Board of Trustees each month.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above? 4. The ED Director/Manager will provide the verbal and written education to the Emergency Room Nursing staff. 5. The ED Manager or designee will complete the timely</p>		

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	6. During an interview on 2-19-2020 at 1835 hours and 1905 hours, the ED Nurse Manager A3 confirmed the above findings and confirmed no other documentation was available.			triage documentation audits and forward to the ED Director. ↳ Results of the audit will be reported to the Quality Council, Medical Executive Committee and the Board of Trustees on a monthly basis.  4. By what date are you going to have the deficiency corrected? ↳ April 10, 2020			