

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>150061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>00</b> B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/15/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>DAVIESS COMMUNITY HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1314 E WALNUT ST WASHINGTON, IN 47501</b>		
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S 0000  Bldg. 00	<p>This visit was for the State investigation of a hospital complaint.</p> <p>Complaint number: IN00222714</p> <p>Substantiated: Deficiency related to the allegation is cited.</p> <p>Date: 3/15/17</p> <p>Facility 005056</p> <p>QA: 3/29/17 LH</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.</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>(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 personnel followed established policies and procedures (P&amp;P) for prevention of pressure ulcers for 1 of 2 patients identified at risk on initial assessment.</p> <p>Findings:</p> <p>1. Review of hospital P&amp;Ps indicated the following:</p> <p>A. P&amp;P titled Prevention Treatment Plan for Pressure Ulcers, Reviewed/Revised Date: 03/2015, indicated the following:</p> <p>i. Upon admission, a skin assessment will be performed to visualize the skin. ALL wounds present on admission will be documented. A pressure ulcer risk assessment will be completed and documented within 24 hours of admission. The Braden scale</p>	S 0912	<p>Wound care will be contacted according to policy for all patients with a Braden score of 16 or less, for patients with stage I-IV pressure ulcer, deep tissue injury, unstaged ulcer, or chronic wound. Patients that meet this criteria will have a consult sent to Wound Care. Education will be done through the April meetings on the Behavioral Health Unit. Those not in attendance at the staff meetings will be required to review written documentation of the process. There has also been a new documentation tab added to the EMR for nurses to document communication. During the review process of this complaint, it was found that a family had not been communicated with regarding a change in the level of care due to the patient acquiring a pressure ulcer. Any unanticipated outcome of care will be documented in this tab and/or in a progress note. Education has been completed</p>	04/18/2017

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	<p>assessment tool will be utilized for those patients who are greater than 5 years of age. Reassessment will be performed with any change in condition, on patient transfer, or every shift.</p> <p>ii.. Notify Wound Care Team Leader if patient has a Stage I-IV pressure ulcer, DTI (deep tissue injury), unstaged ulcer, chronic wound or scores on the Braden scale 16 or less. Proper documentation will be noted in the medical record.</p> <p>B. P&amp;P titled Wound Care Protocols for Pressure Ulcers, Reviewed/Revised: 03/2015 indicated the following:</p> <p>i. The interventions listed in the policy...should be used along with the following wound guidelines to provide overall care for the patient.</p> <p>ii. Description and documentation of a pressure ulcer will be upon finding and will include the location size as measured in cm (diameter or length, width, and depth) tissue characteristics, as well as color, odor and type of drainage. The Wound Care Nurse and/or physician will be notified of wound to receive orders for appropriate treatment regimen. Send order for Team Leader consult.</p> <p>2. Review of medical records indicated the following:</p>		with the staff. Compliance will be monitored through random chart audits. The Behavioral Health Unit Program Director and Nurse Manager will be responsible.	

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	<p>A. Patient P2 was admitted to the BHU (Behavioral Health Unit) on 1/27/17. The Admission Assessment Report Braden score was 15/23 on 1/27/17 at 21:52 hours and the area of the note "Wound Consult Order" was indicated to be N/A (not applicable). The MR lacked documentation of notification to the Wound Care Team Leader for the Braden score less than 16 at admission. Daily Assessment Inquiry documentation of P2's Braden scores of 16 or less prior to Wound Consult order/notification were as follows: 1/28/17 19:30 hours 16/23, 1/30/17 08:00 hours 15/23, 1/30/17 20:00 hours 14/23, 1/31/17 08:00 hours 16/23, 1/31/17 19:28 hours 16/23, 2/2/17 14:00 hours 14/23, 2/2/17 19:27 14/23, 2/3/17 08:00 hours 12/23, 2/3/17 19:42 hours 15/23, 2/4/17 19:36 hours 15/23, 2/5/17 20:00 hours 16/23, 2/6/17 10:04 hours 13/23, 2/6/17 19:21 hours 14/23, 2/7/17 10:00 hours 14/23, 2/7/17 19:38 hours 14/23, 2/8/17 08:00 hours 14/23, 2/9/17 08:48 hours 16/23, 2/9/17 12:20 hours 10/23, 2/9/17 19:27 hours 13/23, 2/10/17 07:53 hours 12/23, 2/10/17 19:31 hours 12/23, 2/11/17 08:00 hours 13/23, 2/11/17 19:34 hours 13/23. The MR indicated that the first order for Wound Consult was on 2/12/17 at 05:33 hours with instructions for Red, open area on coccyx, red areas on bony prominences.</p>			

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	<p>3. On 3/15/17 at 3:00 PM, A6, Quality Manager, verified that patient P2 had acquired pressure ulcers while in the hospital and that staff did not follow protocol by not contacting the Wound team according to policy.</p> <p>4. On 3/15/17 at 4:30 PM, A5, BHU Nurse Manager, verified that the MR for P2 lacked documentation of notification/order for a Wound Care consult per P&amp;P.</p> <p>5. Review of policy/procedure #OM 6.3.3, Patient and/or Family Care Involvement, indicated the following; GUIDELINES:</p> <p>"14. Patient's and/or family will be informed of any unanticipated outcome of care."</p> <p>This policy/procedure was last reviewed/revised on 03/2015.</p> <p>6. Review of hospital documentation of HAPU (hospital acquired pressure ulcer) logs from 1/1/17 to present indicated the hospital had had 4 incidents of HAPU in the month of February 2017, that 3 of the 4 occurred on the BHU and that on 2/13/17 patient P2 was reported with HAPU as follows: Brief Description: Left greater trochanter stage 2 pressure, left 5th metatarsal promimal (sic), left rib</p>			

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	<p>stage one. Immediate Corrective Action: CPOE (computerized physician order entry) orders were placed on 1/27/17, wound consult not received until today.</p> <p>7. Review of patient P2's MR lacked documentation that patient P2's responsible party was notified concerning the patient having a hospital acquired pressure ulcer.</p>				