

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152027	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/28/2018
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NAME OF PROVIDER OR SUPPLIER VIBRA HOSPITAL OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 RANDALLIA DRIVE 5TH FLOOR FORT WAYNE, IN 46805
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S 0000 Bldg. 00	<p>This visit was for the investigation of one (1) state complaint.</p> <p>Complaint Number: IN00232892 Substantiated; Deficiency related to the allegations is cited.</p> <p>Date of survey: 3/27/18 and 3/28/18</p> <p>Facility number: 012132</p> <p>QA: 5/29/18</p>	S 0000		
S 0930 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and interview, the Nurse failed to supervise the care of providing patient baths for 4 of 5 medical records (MR) reviewed. (patient #1, 3, 4, and 5).</p> <p>Findings include;</p> <p>1. Facility policy titled "MEDICAL RECORD DOCUMENTATION REQUIREMENTS" last reviewed/revised 12/16 indicated the following: ...POLICY...All medical records will contain documentation to substantiate care and treatment provided....</p> <p>2. Review of patient #1's medical record</p>	S 0930	<p>S 930</p> <p>1. The Nurse Manager/Chief Clinical Officer will immediately provide the patient care techs and nursing staff with education and training regarding documentation of daily patient hygiene in the patient medical record, and the requirement for the RN to supervise care for each patient. Further training will continue at staff skills fair to be completed by June 1st, 2018.</p> <p>3. The Nurse Manager/Chief Clinical Officer will conduct weekly audits on an ongoing</p>	06/01/2018

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>indicated the following:</p> <p>(A) The patient was admitted on 2/6/18 and a current patient.</p> <p>(B) The medical record lacked documentation of baths or patient refusing baths for 22 out of 49 days for the following dates: 2/8/18, 2/9/18, 2/10/18, 2/14/18, 2/16/18, 2/18/18, 2/21/18, 2/24/18, 2/25/18, 2/26/18, 2/28/18, 3/1/18, 3/4/18, 3/6/18, 3/7/18, 3/9/18, 3/14/18, 3/17/18, 3/18/18, 3/21/18, 3/23/18 and 3/26/18.</p> <p>3. Review of patient #3's medical record indicated the following:</p> <p>(A) The patient was admitted on 4/26/17 and discharged on 5/22/17.</p> <p>(B) The medical record lacked documentation of baths or patient refusing baths for 23 out of 26 days for the following dates: 4/27/17, 4/28/17, 4/29/17, 4/30/17, 5/1/17, 5/2/17, 5/3/17, 5/4/17, 5/5/17, 5/6/17, 5/7/17, 5/8/17, 5/9/17, 5/10/17, 5/11/17, 5/13/17, 5/14/17, 5/17/17, 5/18/17, 5/19/17, 5/20/17, 5/21/17 and 5/22/17.</p> <p>4. Review of patient #4's medical record indicated the following:</p> <p>(A) The patient was admitted on 4/28/17 and discharged on 5/26/17.</p> <p>(B) The medical record lacked documentation of baths or patient refusing baths for 10 out of 28 days for the following dates: 4/29/17, 4/30/17, 5/1/17, 5/5/17, 5/12/17, 5/18/17, 5/19/17, 5/20/17, 5/23/17 and 5/26/17.</p> <p>5. Review of patient #5's medical record indicated the following:</p> <p>(A) The patient was admitted on 4/19/17 and was discharged on 5/26/17.</p> <p>(B) The medical record lacked documentation of baths or patient refusing baths for 26 out of 37</p>		<p>basis for the next four (4) months, starting on 4/01/18, to ensure 100% compliance with documentation of daily patient hygiene.</p> <p>4. The Nurse Manager/Chief Clinical Officer will submit findings of weekly reviews to the Director of Quality and report on results at the Quality Assessment & Performance Improvement Committee and the Medical Executive Committee.</p> <p>Person responsible for all above plans of correction is the Chief Clinical Officer.</p> <p>Expected date of completion for all training is June 1, 2018</p>	

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	<p>days for the following dates: 4/22/17, 4/23/17, 4/25/17, 4/26/17, 4/27/17, 4/28/17, 4/30/17, 5/1/17, 5/2/17, 5/3/17, 5/5/17, 5/6/17, 5/7/17, 5/8/17, 5/10/17, 5/11/17, 5/12/17, 5/14/17, 5/15/17, 5/16/17, 5/18/17, 5/19/17, 5/21/17, 5/22/17, 5/25/17 and 5/26/17.</p> <p>6. During an interview on 3/27/18 at 5:44 a.m., staff member A2 (Chief Clinical Officer) indicated the expectation is that all patients are bathed daily either on days or nights.</p> <p>7. Staff member A2 verified the medical record information for patient #1 and #3 at 9:01 a.m. on 3/28/18.</p> <p>8. Staff member A2 verified the medical record information for patient #5 on 3/28/18 at 10:16 a.m.</p> <p>9. Staff member A2 verified the medical record information for patient #4 on 3/28/18 at 10:49 a.m.</p> <p>10. During an interview on 3/28/18 at 11:10 a.m., staff member A2 indicated there was no specific policy related to bathing patients.</p>			