

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154062	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/19/2018
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NAME OF PROVIDER OR SUPPLIER ASSURANCE HEALTH PSYCHIATRIC HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2725 ENTERPRISE DRIVE ANDERSON, IN 46013
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A 0000 Bldg. 00	The visit was for investigation of one Federal Hospital complaint. Complaint Number: IN00248733 Substantiated: Deficiency related to the allegations is cited. Unrelated deficiency cited. Survey Date: 1/18-19/18 Facility Number: 005016 QA: 1/26/18	A 0000	See A0395 and A0405	
A 0395 Bldg. 00	482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. Based on document review and interview, the Registered Nurse failed to supervise and evaluate the care being provided to patients for 2 of 7 MR (medical records) reviewed (patients #1 & 4). Findings include: 1. Review of the policy/procedure titled Fall Prevention Protocol (revised 12-17) indicated the following: "All patients admitted to [the facility] will be placed	A 0395	1.Lack of documentation of fall precautions documented in place; How are you going to correct the deficiency? The low and high risk fall intervention form will be update and placed in the patients chart post fall by the patients nurse. How are you going to prevent the deficiency from reoccurring in the future? The DON or designee will review the chart post fall to ensure the documentation is completed and included in the chart post fall.	02/26/2018

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>on fall prevention protocol... Low Risk Fall Interventions... b) Non-skid socks on when out of bed... High Risk Fall Interventions / Identifiers: All low risk interventions plus one or more of the following: a) Yellow wrist band on patient b) Patient placed in foam chair when needed c) Chair alarm on the chair, wheelchair or recliner and clipped to the patient clothing..."</p> <p>2. Review of the policy/procedure Content of the Medical Record (reviewed 7-17) indicated the following: "The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the course and results accurately... The results of all reassessments are documented in the medical record along with actions and outcomes resulting from the reassessment, including revisions of the treatment plan..."</p> <p>3. Review of the policy/procedure Assessment - Falls (revised 1-17) indicated the following: "Nursing Responsibility Post Fall... 6. Update plan of care with additional precautions."</p> <p>4. Review of the MR for Patient #1</p>		<p>Who is going to be responsible for numbers 1 and 2? Director of Nursing, licensed nurse By what date are you going to have the deficiency corrected? February 26, 2018 1.Patient Care Observation lacks documentation of wrist bands and chair alarms; How are you going to correct the deficiency? (1)During shift handoff, the oncoming aide will review the documentation and return to off-going aide for completion if documentation is lacking; (2) Licensed nurse will sign-off the documentation review for completeness at the end of the shift. How are you going to prevent the deficiency from reoccurring in the future? Rounding audits will be conducted daily by the unit clerk. Deficiencies will be presented to the Director of Nursing or designee for remediation and/or corrective counseling with staff. Who is going to be responsible for numbers 1 and 2?Licensed nurse, Aide, Unit Clerk, Director of Nursing By what date are you going to have the deficiency corrected? February 26, 2018</p>	

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	<p>indicated the patient was admitted on 11-20-17 with orders for low fall risk precautions and indicated an initial Edmunson fall risk score of 77 (low risk).</p> <p>5. The MR for Patient #1 on 11-23-17 indicated a fall risk score of 93 (high risk) and lacked documentation from 0700 to 1900 hours indicating fall prevention precautions including a yellow wrist band and chair alarm were implemented in response.</p> <p>6. The Patient Care Observation Record for Patient #1 lacked documentation on 11-24-17 from 0700 to 1900 hours of fall prevention precautions including a yellow wrist band and use of a chair alarm.</p> <p>7. The MR for Patient #1 indicated the patient experienced a fall on 11-26-17 at 1300 hours.</p> <p>8. The Patient Care Observation Record for Patient #1 on 11-27-17 lacked documentation of fall prevention precautions including a yellow wrist band and use of a chair alarm.</p> <p>9. The Patient Care Observation Record for Patient #1 lacked documentation on 12-3-17 from 0700 to 1900 hours of fall prevention precautions including a</p>			

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A 0405 Bldg. 00	<p>yellow wrist band and use of a chair alarm.</p> <p>10. On 1-19-18 at 1230 hours, the Chief Clinical Officer, staff A4 confirmed the MR findings indicated above.</p> <p>11. Review of the MR for Patient #4 indicated the patient was admitted on 1-2-18 with orders for low fall risk precautions and indicated an initial Edmunson fall risk score of 99 (high risk).</p> <p>12. The MR for Patient #4 indicated the patient experienced a fall on 1-7-18 at 2230 hours.</p> <p>13. The Patient Care Observation Record for Patient #4 lacked documentation on 1-9-18 and 1-10-18 from 0700 to 1900 hours of fall prevention precautions including a yellow wrist band and use of a chair alarm.</p> <p>14. On 1-19-18 at 1620 hours, the Chief Clinical Officer, staff A4 confirmed the MR findings indicated above.</p> <p>482.23(c)(1), (c)(1)(i) & (c)(2) ADMINISTRATION OF DRUGS (1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for</p>			

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	<p>the patient's care as specified under §482.12(c), and accepted standards of practice.</p> <p>(i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules, and regulations.</p> <p>(2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p> <p>Based upon document review and interview, the facility failed to ensure medications were prepared and administered in accordance with written orders of the responsible practitioner and acceptable standards of practice for 3 of 7 medical records (MR) reviewed (Patients #1, 2 & 6).</p> <p>Findings include:</p> <p>1. The policy/procedure General Medication Administration (revised 7-17) indicated the following: "The Medication Administration Record (MAR) will be compared with the medication order prior to administration of any medication at least once every</p>	A 0405	<p>1.High risk meds not checked by two nurses;</p> <p>How are you going to correct the deficiency?</p> <p>Nursing has implemented a form whereas two nurses will sign-off after checking the 5 patient rights of medication administration.</p> <p>How are you going to prevent the deficiency from reoccurring in the future?</p> <p>For patients on high risk medications, the Director of Nursing will be notified and complete a daily review of the two-nurse checkoff documentation to ensure completeness and accuracy.</p>	02/26/2018

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	<p>shift ...Prior to the administration of any high alert medications (i.e., anticoagulant or insulin) dose, two (2) licensed nurses will check the amount ordered and the amount prepared."</p> <p>2. Review of the MR for Patient #1 indicated the following orders: a) 11-21-17 Daily PT/INR (Prothrombin time/International Normalized Ratio) Hold Coumadin [for] INR > 3 b) 12-1-17 Increase Coumadin to 3.5 mg (milligrams) daily Continue PT/INR M-W-F (Monday, Wednesday, Friday) Hold Coumadin if INR > 3 c) 12-4-17 Decrease Coumadin to 3 mg po QHS (by mouth at bedtime)</p> <p>3. Review of the Coumadin Tracking - PT/INR - Interventions record for Patient #1 indicated the following entries: a) 12-1-17 @ 0600 hrs ... INR = 1.5 ... Current Dose 3 mg Daily ... Staff N14 ... Intervention and next PT/INR Coumadin 3.5 mg daily. Continue PT/INR M-W-F Hold if INR > 3. b) 12-4-17 @ 0600 hrs ... INR = 3.7 ... Current Dose 3.5 mg Daily ... Staff N14 ... Intervention and next PT/INR ... [no</p>		<p>Who is going to be responsible for numbers 1 and 2?</p> <p>Director of Nursing or designee.</p> <p>By what date are you going to have the deficiency corrected?</p> <p>February 26, 2018</p> <p>1. 12-hour chart checks against MARS not being done</p> <p>How are you going to correct the deficiency?</p> <p>Nursing will be re-educated on how to complete 12-hour chart checks.</p> <p>How are you going to prevent the deficiency from reoccurring in the future?</p> <p>Oncoming shift will notify the Director of Nursing or Administrator of any chart checks not completed.</p> <p>Who is going to be responsible for numbers 1 and 2?</p> <p>Director of Quality, Director of Nursing, Administrator</p> <p>By what date are you going to have the deficiency corrected?</p> <p>February 26, 2018</p> <p>1. Meds given that should be</p>	
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	<p>documentation to follow] and no documentation indicated the daily Coumadin order and dose obtained for administration was checked and confirmed by two nursing staff from the first entry on 11-22-17 to the end of the hospital stay, or indicated 3 mg of Coumadin was administered or held on 12-4-17 or 12-5-17 in accordance with the standing Hold Order by the responsible nurse.</p> <p>4. Review of the MAR for Patient #1 lacked documentation on 12-4-17 indicating 3 mg of Coumadin was administered or held for INR > 3 by the responsible nurse N10.</p> <p>5. Review of the MAR for Patient #1 indicated 3 mg of Coumadin was administered on 12-5-17 at 1700 hours by the responsible nurse N19.</p> <p>6. Review of administrative documentation regarding medication dispensing for Patient #1 confirmed that Coumadin was dispensed on 12-4-17 at 1656 hours to Registered Nurse N10 and on 12-5-17 at 1804 hours to Licensed Practical Nurse N19.</p> <p>7. On 1-19-18 at 1230 hours, the Chief Clinical Officer, staff A4 confirmed the documentation indicated the Registered</p>		<p>held and meds not given that should have been</p> <p>How are you going to correct the deficiency?</p> <p>Medical providers will review orders and follow through of such order daily. Any deficiencies will be reported to the Director of Nursing and/or administrator for re-education and possible corrective counseling.</p> <p>How are you going to prevent the deficiency from reoccurring in the future?</p> <p>Medical providers will review (as stated above) and internal chart auditor will review charts daily to ensure appropriate medication administration.</p> <p>Who is going to be responsible for numbers 1 and 2?</p> <p>Medical providers, Director of Nursing, Administrator, Internal Chart Auditor</p> <p>By what date are you going to have the deficiency corrected?</p> <p>February 26, 2018</p> <p>1.INR tracker incomplete (holes in documentation)</p>	

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	<p>Nurse, staff N10 withdrew Coumadin for administration to Patient #1 on 12-4-17 and the Licensed Practical Nurse, staff N19 withdrew Coumadin for administration to Patient #1 on 12-5-17 in disregard for the standing order to hold Coumadin for INR > 3.</p> <p>8. Review of the Coumadin Tracking - PT/INR - Interventions record for Patient #2 indicated the following entries: a) 12-4-17 @ 0600 hrs ... INR = 2.3 ... Current Dose 4 mg T TR SAT + SUN (4 mg on Tuesday, Thursday, Saturday + Sunday) (and) 6 mg M,W,F (6 mg on Monday, Wednesday + Friday) ... Staff N9 ... Intervention and next PT/INR ... Continue current dose. b) [no date entered] @ [no time entered] ... INR = 2.4 ... Current Dose [no dose entered] ... [no Staff entered] ... Intervention and next PT/INR ... [no documentation entry to follow] c) 12-6-17 @ 1530 hrs ... INR = 2.2 ... [no dose entered] ... Staff N8 ... No new orders ... and no documentation indicated the daily Coumadin order and dose obtained for administration was checked and confirmed by two nursing staff from the first entry on 12-04-17 to final entry on 12-8-17, or indicated 4 mg of Coumadin was administered on 12-5-17 by the responsible nurse.</p>		<p>How are you going to correct the deficiency?</p> <p>PT/INR printer has been ordered. When completing a PT/INR, the results will be placed in the chart.</p> <p>How are you going to prevent the deficiency from reoccurring in the future?</p> <p>The medical providers will review the results daily to ensure completeness and accuracy.</p> <p>Who is going to be responsible for numbers 1 and 2?</p> <p>Nurses, medical providers</p> <p>By what date are you going to have the deficiency corrected?</p> <p>February 26, 2018</p> <p>1.IM med admin sites not documented.</p> <p>How are you going to correct the deficiency?</p> <p>Daily Nursing Assessment forms will be reviewed for completeness. Any deficiencies, staff will be called in to complete late entries.</p> <p>How are you going to prevent the deficiency from reoccurring in the</p>				

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	<p>9. Review of the MAR for Patient #2 lacked documentation indicating 4 mg of Coumadin was administered on 12-5-17 at 1700 hours by the responsible nurse N19.</p> <p>10. Review of administrative documentation regarding medication dispensing for Patient #2 confirmed that no Coumadin was dispensed on 12-5-17 to the Licensed Practical Nurse N19 or other staff nurse.</p> <p>11. On 1-19-18 at 1500 hours, the Chief Clinical Officer, staff A4 confirmed the MR lacked documentation on 12-5-17 indicating 4 mg of Coumadin was administered as ordered to patient #2.</p> <p>12. Review of the policy/procedure Content of the Medical Record (reviewed 7-17) indicated the following: "Each Medical Record contains at least the following: ...20. Every dose of medication administered, including the strength, dose, and route ... 21. Any access site ... "</p> <p>13. Review of the MR for Patient #1 lacked documentation of the sites of administration for IM (intramuscular) medications administered on 11-21-17 at 2245 hours, 11-23-17 at 2345 hours,</p>		<p>future?</p> <p>Staff with consistent trends will be re-educated as well as provided with corrective counseling.</p> <p>Who is going to be responsible for numbers 1 and 2?</p> <p>Director of nursing, Administrator, Internal Chart Auditor</p> <p>By what date are you going to have the deficiency corrected?</p> <p>February 26, 2018</p>	

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	<p>11-25-17 at 2100 hours, 11-28-17 at 2100 hours, and 12-3-17 at 1900 hours.</p> <p>14. On 1-19-18 at 1425 hours, the Chief Clinical Officer, staff A4 confirmed the MR for Patient #1 lacked the documentation indicated above.</p> <p>15. Review of the MR for Patient #6 lacked documentation of the site of administration for IM medication administered on 1-1-18 at 0115 hours.</p> <p>16. On 1-19-18 at 1815 hours, the Administrator, staff A2 confirmed the MR for Patient #6 lacked the documentation indicated above.</p>				