

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150125	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 901 MACARTHUR BLVD MUNSTER, IN 46321
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00193281</p> <p>Substantiated: deficiency cited related to allegation.</p> <p>Date: 10/28/16</p> <p>Facility Number: 005106</p> <p>QA: 01/25/17</p>	S 0000	<p>1.The deficiency corrected. The Education Department is doing a comprehensive hospital wide update for all RN, and CNA involved in patient care. The review is will be completed through the Health Stream Education Program used at Community Hospital with a completion date for "mandatory" education of 3/10/2017. Core Competency Dates for 2017 begin February 10, 2017 and continue through May 12, 2017.</p>	
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, nursing staff failed to supervise and evaluate the nursing care for each patient related to lack of documentation in the EMR (electronic medical record) of patient hygiene with a bath and peri-care, changing of bed linen daily, and/or provision of oral hygiene in</p>	S 0930	<p>1.All nurses and nursing assistants providing direct patient care on each inpatient unit, Emergency Department, CVOP, and Surgical Admission Unit will be required to complete an online mandatory education course on Daily Patient Cares/Safety (including a presentation and post-test component) within three</p>	03/10/2017

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>the a.m. and p.m. for 1 of 5 (patient 1) medical records reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Policy #ADL.1.01 titled, "Daily Hygiene, Unit Standard", revised/reapproved 9/16, indicated nursing staff is to document that patient hygiene with a bath and peri-care was completed daily, and/or provision of oral hygiene in the a.m., p.m. and changing of bed linens daily. 2. Review of patient 1's medical record on 10/28/16 at approximately 1145 hours indicated that Daily Care/Safety Flowsheets lacked documentation of: <ol style="list-style-type: none"> A. Patient hygiene with a bath as being completed daily on 11/21/15, 12/1/15, 12/5-12/7/15, 12/11/15, 12/15/15, 12/16/15, 12/24/15, 12/25/15, 12/27/15, 1/1/16 and 1/2/16. B. Peri-care as being completed daily on 11/21/15, 12/1/15, 12/5-12/8/15, 12/13/15, 12/15/15, 12/16/15, 12/25/15, 12/27/15, 1/1/16 and 1/2/16. C. Provision of oral hygiene in the a.m. and/or p.m. as being completed on 11/21-11/27/15, 11/29/15, 12/1-12/3/15 and 12/5/15-1/2/16. D. Changing of bed linens as being completed daily on 11/21/15, 11/22/15, 11/30/15, 12/1/15, 12/3/15, 12/5-12/8/15, 		<ol style="list-style-type: none"> (3) weeks of the program being made available in our Education program (Health Stream). This will include why good hygiene is required, why documentation of care is required, who is responsible for completion, along with screen shots describing where and when bathing, peri-care, oral hygiene, linen changing, and hourly rounding charting is to be completed. The Education Department will include a Charting Standardization & Review for the Inpatient Nurse course during mandatory Core Competency sessions for all Med-Surg Nurses, IMCU Nurses, Acute Rehab Nurses, Orthopedic Nurses, Float Pool Nurses, Oncology Nurses, Pediatric Nurses, Registry Nurses, Heart Failure Nurses, and Ancillary Nurses. This course includes documentation on the need for proper documentation of Daily Cares & Safety. The Nurse Manager or Designee will be responsible 10 Monthly chart audits will be completed by each unit where inpatients may be located by the Nurse Manager/designee to maintain that Daily Cares/Safety documentation was completed as per policy with special attention to patient's bathing, peri-care, 	

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	12/13/15, 12/15/15, 12/16/15, 1/1/16 and 1/2/16. 3. Staff 4 (Registered Nurse, Manager of 6 West Medical/Surgical) was interviewed on 10/28/16 at approximately 1614 hours, and confirmed patient 1's EMR lacked documentation that a daily bath, peri-care, changing of bed linens daily, as well as daily oral care in the a.m. and p.m. was provided as required by facility policy and procedure.		changing of linen, and oral hygiene. The Nurse Manager/designee will educate/counsel all staff when lack of sufficient documentation has been identified. These audits will be submitted to the Systems & Regulatory Quality Manager who will maintain these records on the Patient Care Services' (PCS) "dashboard" 4. Monthly chart audits will be performed at least through December 2017 and further if required.		