

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

PRINTED: 12/13/2019  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150075	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/06/2019
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NAME OF PROVIDER OR SUPPLIER  BLUFFTON REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 303 S MAIN ST BLUFFTON, IN 46714
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(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
S 0000  Bldg. 00	<p>The visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00259470</p> <p>Substantiated: No deficiency related to the allegations is cited. Unrelated deficiency cited.</p> <p>Survey Date: 11/6/19</p> <p>Facility Number: 005069</p> <p>QA: 11/12/19</p>	S 0000	NA	
S 0912  Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>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 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 disclosed 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 upon document review and interview, the facility failed to follow its policies and procedures and ensure that documentation of emergency placement for Emergency Department (ED) patients was maintained for 1 of 5 MR (Medical Records) reviewed (Patient #3).</p> <p>Findings include:</p> <p>1. Review of the policy/procedure Case Management Plan for Discharge Planning (approved 1-18) indicated the following: "The RN [Registered Nurse] Case Manager/LSW [Licensed Social Worker] Case Manager will develop the discharge plan with input from the patient and/or caregiver...they will be offered a choice of services available in the area...the discharge plan will be documented in the patient's medical record...".</p> <p>2. Review of the MR for Patient #3 indicated the ED patient was diagnosed with an ankle fracture and unable to return home and the Case Manager A6 was consulted to assist with emergency placement for the patient. The MR lacked additional documentation regarding case management activity by A6 except for the entry</p>	S 0912	At the time of survey, ED patients were reviewed and none of the patients required emergency placement to an extended care facility. The Director of Case Management educated the case management staff on documentation requirements for emergency placement from the ED to an extended care facility. The education specifically reviewed the requirement of offering a choice of services available in the area. The education occurred on Wednesday, December 4th, 2019. The choice of services requirement education was added to the new hire orientation for case managers. The Director of Case Management will conduct a weekly retrospective review of all ED placements to an extended care facility for completion of a choice of service document signed by case management and patient or	12/04/2019

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	<p>by Registered Nurse N11 indicating Patient #3 was discharged at 1555 hours to a skilled care facility and left the ED with family.</p> <p>3. On 11-6-19 at 1355 hours, the Director of Quality A3 confirmed the MR for Patient #3 lacked documentation of the emergency skilled nursing facility placement activity by A6.</p>		<p>patient's designee. The monitoring results will be submitted to Quality Council, Medical Executive Committee and Board of Trustees on a quarterly basis.</p>		