

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 153025	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2025	
NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH DEACONESS REHABILITATION HOSPIT			STREET ADDRESS, CITY, STATE, ZIP COD 9355 WARRICK TRAIL NEWBURGH, IN 47630		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the investigation of a State Licensure Hospital complaint.</p> <p>Complaint Number: IN00442124- Deficiencies related to the allegations are cited. (Tags S0418 and S0934)</p> <p>Survey Date: 1/28/2025</p> <p>Facility Number: 005164</p> <p>QA: 2/6/2025</p>		S 0000		
S 0418 Bldg. 00	<p>410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(b)(1)(2)</p> <p>(b) The hospital shall take appropriate action to address the opportunities for improvement found through the quality assessment and improvement program as follows:</p> <p>(1) The action shall be documented.</p> <p>(2) The outcome of the action shall be documented as to its effectiveness, continued follow-up and impact on patient care.</p> <p>Based on document review and interview facility staff failed to document follow up with complaint and education to staff involved in complaint/grievance for 1 of 1 patient complaint/grievances reviewed. (P1)</p>		S 0418	Hospital has updated the process with including documentation of education and/or corrective action with any grievance filed by a patient or family member. CNO or designee, or appropriate	02/21/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Anita C Shaw

Director of Quality/Risk

02/23/2025

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>Findings include:</p> <p>1. Policy titled Patient and Customer Complaint or Grievance, Policy # 8, Last Reviewed Date: 08/15/2024, Page 2, Under Patient Grievances: 2. Complaint regarding the patient's care or with an allegation of abuse, neglect, patient harm, or failure of the hospital to comply with one or more CoPs (Conditions of Participation), or other CMS (Centers for Medicare and Medicaid Services); 3. Complaint cannot be resolved at the time of the complaint by staff present, it is postponed for later resolution, is referred to other staff staff for later resolution, requires investigation, and/or requires further actions for resolution. Page 3, Under Patient Grievances-Actions to be taken, 5. Hospital Human Resources will follow up with department supervisor for action taken regarding employee issues, if indicated. 6. The hospital should make sure that it is responding to the substance of each grievance, while identifying, investigating, and resolving any deeper, systemic problems indicated by the grievance. 7. All grievances must be recorded in the hospital complaint system (eCALM). The entry must include: date received, nature of grievances, who responded, and action(s) taken.</p> <p>2. Review of facility Grievance/Complaints from 8/1/24 through 1/28/25, indicated the following grievance involving an unsafe nursing assignment:</p> <p>a. Document titled Grievance on 11/6/24 indicated under Description of Complaint: P1 stated the night nurse N6 (RN [Registered Nurse]) did not know how to use the infusion pump to administer his/her medication. N6 was otherwise very good, but P1 felt uncomfortable with N6 giving the medication with N6 not knowing how to use the equipment and P1 felt N6 needed some education</p>			department director, will provide Director of Quality/Risk a copy of the education or corrective action when stated in the grievance completed by the patient or family. The copy of the education or corrective action will be upload to the grievance log to verify that the required education or corrective action was completed. This process was updated and started on 2/17/25. Education was provided to department directors and the CNO via a face-to-face meeting on 2/14/25 with an implementation date of 2/17/25.

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	<p>because N6 had not been trained on the infusion pump.</p> <p>b. Under Action Taken: N5 (RN) discussed the issue with the patient. Apologized for the incident and sorry N6 made patient feel that way. N5 sent an email to the education nurse about getting IV (Intravenous) pump education to N6. N6 was removed from patient care assignment during the remainder of patient stay since patient would continue to get IV antibiotics.</p> <p>c. On 11/8/24 Grievance was considered resolved and letter was sent to P1 regarding grievance and how it was followed up on with education to staff on quality of care and medication administration.</p> <p>d. Grievance lacked documentation of follow up/education with N6 regarding IV pump, quality of care and medication administration indicated in letter sent to P1.</p> <p>e. Unable to determine if email was sent by N5 to education nurse indicating follow education on IV pump needed for N6.</p> <p>3. In interview on 1/28/25 at approximately 1230 hours with A1, he/she indicated contracted staff go through two days of orientation and then are assigned patients. Orientation does include IV (Intravenous) pump competency in online learning, but there is no hands on learning provided. A1 confirmed that N6 had the training on the IV pump and did tell the patient he/she did not know how to work the pump.</p> <p>4. In interview on 1/28/25 at approximately 1430 hours with A3 (Director of Quality and Risk), he/she confirmed there was no reeducation on IV pumps documented for N6 and he/she was unable to find an email sent by N5 to education department for the reeducation as indicated on complaint/grievance submitted by P1. A3 also</p>			

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S 0934 Bldg. 00	<p>indicated the facility does not have an Educator at this time and Infection Control Preventionist is filling in.</p> <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6(b)(5)</p> <p>(b) The nursing service shall have the following:</p> <p>(5) A registered nurse shall assign the care of each patient to nursing personnel in accordance with the patient's need and the specialized qualifications and competence of the nursing staff available.</p> <p>Based on document review and interview, Nursing Services failed to delegate a patient assignment to a nurse competent in infusion pumps for 1 of 1 patient complaint/grievance reviewed. (P1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Policy titled Nursing Staffing, Policy # 400, Last Reviewed Date: 5/16/2024, under Policy, 7. Patient care assignments will be made by a Registered Nurse and take into consideration. A. The training, experience and capability of the person to whom the task is delegated. 2. Document titled Clinical Orientation - Agency Nursing RN (Registered Nurse), LPN (Licensed Practical Nurse), RNT (Rehabilitation Nursing Technician), under IV Medication Administration, Interactive Plum Pump Talent Works Module. 3. Document titled Grievance on 11/6/24 indicated under Description of Complaint: P1 stated the night nurse N6 (RN [Registered Nurse]) did not 	S 0934	<p>Education was provided to the RN's completing assignments of staff on 2/14/25 with emphasis on ensuring compliance with Nursing Staffing Policy #400. Nursing assignments will be made based on the competency and ability of the assigned nurse to care for the specific patient. If at any time a staff person is uncomfortable with a task or assignment, the nurse supervisor will provide hands on education and training. Such training will be documented in the employee/staff file. Education was completed with the RN's and nurse supervisors on 2/14/25 via a face-to-face meeting and process implemented on 2/17/25.</p> <p>Additionally, the Hospital has</p>	02/17/2025

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	<p>know how to use the infusion pump to administer his/her medication. N6 was otherwise very good, but P1 felt uncomfortable with N6 giving the medication with N6 not knowing how to use the equipment and P1 felt N6 needed some education because N6 had not been trained on the infusion pump.</p> <p>4. In interview on 1/28/25 at approximately 1230 hours with A1, he/she indicated contracted staff go through two days of orientation and then are assigned patients. Orientation does include IV (Intravenous) pump competency in online learning, but there is no hands on learning provided. A1 confirmed that N6 had the training on the IV pump and did tell the patient he/she did not know how to work the pump. A1 also confirmed there was no re-education to N6 documented following the complaint.</p>			<p>updated the process with including documentation of education and/or corrective action with any grievance filed by a patient or family member. CNO or designee, or appropriate department director, will provide Director of Quality/Risk a copy of the education or corrective action when stated in the grievance completed by the patient or family. The copy of the education or corrective action will be upload to the grievance log to verify that the required education or corrective action was completed. This process was updated and started on 2/17/25. Education was provided to department directors and the CNO via a face-to-face meeting on 2/14/25 with an implementation date of 2/17/25.</p>