STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150112	A. BUILDING 00 B. WING	07/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBUS REGIONAL HOSPITAL	2400 E 17TH ST COLUMBUS, IN47201

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A0000	This visit was for the investigation of one (1) Federal complaint. Complaint number: IN00091044 Substantiated: Deficiencies related to allegation cited. Date of survey: 7-5-11 Facility number: 005099 Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor QA: claughlin 07/27/11	A0000		
A0119	[The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.] The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. Based on document review and staff interview, the governing board failed to establish an effective grievance process for 1 of 2 patient grievance reviewed.	A0119	A_119How we are going to correct the deficiency:1. Letter to be sent to patient who did not receive follow-up on complaint that patient had to bang on the	08/26/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Findings include: 1. Review of the complaint/grievance log for January-present indicated that two (2)grievances/complaints were filed by the family of patient #N1 as follows: (A) A family member notified the hospital on 2/23/11 with complaints including, but not limited to, his/her parent had to "bang on the bed for help" and the patient (#N1) required a cane to ambulate and staff ignored their requests during a recent ED visit. (B) A family member notified the hospital on 2/28/11 with a complaint that during the ED visit, patient #N1 had two (2) necklaces missing. 2. The facility patient relations worksheet indicated that the complaints/grievances were resolved on 3/21/11. 3. A letter sent to patient #N1 on 3/1/11 indicated the facility was following up on the two necklaces that were lost. The letter did not address the complaint that the patient had to bang on the bed for assistance or that he/she was not provided with a cane for ambulation during the ED visit. 4. Facility policy titled "Complaint Resolution for Patients/Visitors" last reviewed/revised 12/09 states on page 1: "3. To treat all complaints and grievances as an opportunity to improve upon the quality of services provided, and to treat any person expressing a complaint or grievance with		bed for assistance and was not provided with a cane for ambulation during the ED visit. Person Responsible: ED Nurse ManagerDate to complete: This letter will be mailed 08/05/11.How we are going to prevent the deficiency from recurring in the future:2.a.Completed a process standardization that now allows timely review of key metrics for our complaint resolution process. Person Responsible: Risk ManagerDate of completion: This was completed July, 2011.2.b. Log created that tracks number of days between initial letter sent to patient/family to final letter sent to patient. Person Responsible: Risk ManagerDate of completion: This was completed June 7, 2011.2.c. Weekly review grievance meetings (every Wednesday) to review log that contains complaints logged. Log contains date of initial letter sent to patient/family that identifies awareness of complaint to date of final letter sent (resolution or response of complaint) and number of days between. If final letter not sent, determine days remaining until 30-day time period and either assign responsible person to send follow-up response letter or need to send notice to patient/family indicating the reason for additional delay. Person Responsible: Risk Manager and Patient Relations RepresentativeDate of Completion: Process to begin	

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	dignity and respect....." Page 3 states: "3. Managers/Directors or their designated representative, will handle each complaint on an individual and timely basis, taking into consideration the nature of the grievance and any factors that might endanger patient safety, and will:.....B. Investigate the complaint, or arrange for such investigation, involving all appropriate hospital/medical staff as needed." Page 4 states: "Once the Staff Member or Manger has completed their investigation, they will communicate, verbally if possible, the response and/or resolution with the patient and/or visitor as well as with the hospital and medical staff involved, and document such response in Section II of the Customer Complaint Documentation Form." 5. Staff member #P2 indicated the following during interview beginning at 3:15 p.m.: (A) The patient safety issue that the patient had to "bang on the bed for help" in the complaint received by the hospital for patient #N1 had not been addressed.		08/10/11.2.d. Monthly review wtih VP and CMO on metrics (number of cases with days between initial letter and final letter < 30 days, > 30 days and number of cases incomplete) and develop plan of action if metric goals are not met. Person Responsible: Risk ManagerDate of Completed: Process to begin 08/26/11.2.e. Send policy 1-107 Complaint Resolution for Patient\Visitors to Managers and Directors with reminder of their responsibility with the complaint resolution process. Person Responsible: Risk ManagerDate of completion: This will be completed August 12, 2011.	
A0701	The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. Based on observation and staff interview, the facility failed to maintain a safe environment for 2 of 19 emergency department (ED)	A0701	A_0701How we are going to correct the deficiency:1.a. Call light placed in Fast Track Room CDate of completion: July 5,	08/04/2011

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	bays/rooms observed. Findings include: 1. During tour of the ED beginning at 10:30 a.m. and accompanied by staff members #P1, P2, P3 and P4 the following was observed: (A) Fast track room C did not have a call light for a patient to summon staff if needed and the room was not taken out of service. (B) Hall bay #3 had a working call light that rang to a phone carried by a staff member, however there was no staff member carrying the phone that the call light was connected to or would ring to. 2. Staff member #P1 indicated the following in interview beginning at 2:15 p.m.: (A) He/she verified that fast track room C had no call light and that no staff had the phone that the call light from hall bed/bay #3 was connected to or would ring to.		2011Person Responsible: ED Nurse Manager1.b. Hall bay # 3 ascom phone assigned and given to nurse.Person Responsible: ED Nurse ManagerDate of completion: July 5, 2011How we are going to prevent deficiency from recurring in the future;2.a. All Hall Bay Beds (# 1- 4) will be assigned to Patient Care Coordinator's ascom phone (#7370). Call will also be sent to Trauma 2 Float ascom phone(# 7379) and to Tech ascom phones (#7381, 7382, 7383 and 7395) - Email uploaded to demonstrate action completed.Person Responsible: ED Nurse ManagerDate of completion: July 19, 20112.b. Emergency Department Policy "Assessment & Reassessment of Patients" revised to include "initial and ongoing safety assessment to include call light within reach". - Policy uploaded that documents changes made to policy.Person Responsible: ED Nurse ManagerDate of completion: 07 11/112.c. ED staff communicated on policy change, change in ascom assignment to PCC and reinforced need to assure patients have call lights. - Word document uploaded to demonstrate action completed.Person Responsible: ED Nurse ManagerDate of completion: 7/19/112.d. Reinforce policy change and assignment of hallway phones at staff meetings.Person Responsible:	

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S0000			ED Nurse ManagerDate of completion: 7/26/11 and 7/28/112.e. Patient Care policy "Assessment/Reassessment of Patient" revised to include "Safety/risk assessments are included throughout the functional health patterns. Initial assessment included....call light accessibility/use" and "safety and risk assessment are ongoing throughout hospitalization". - Policy uploaded that documents changes made to policy".Person Responsible: Risk ManagerDate of completion: 7/11/112.f. Weekly monitor call lights available in all ED rooms, including Fast Track Rooms daily for 7 days, then weekly for 7 weeks. Will determine need for additional monitoring after the 8 week period. Follow up with staff following HR coaching and disciplinary action process if room without call light.Person Responsible: ED Nurse ManagerDate of Completion: Start monitoring August 4, 2011	
	This visit was for the investigation of one (1) State complaint. Complaint number: IN00091044 Substantiated: Deficiencies related to allegation cited. Date of survey: 7-5-11	S0000		

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	Facility number: 005099 Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor QA: claughlin 07/27/11			
S0294	410 IAC 15-1.4-1 (c) (c) The governing board is responsible for managing the hospital. Based on document review and staff interview, the governing board failed to establish an effective grievance process for 1 of 2 patient grievance reviewed. Findings include: 1. Review of the complaint/grievance log for January-present indicated that two (2)grievances/complaints were filed by the family of patient #N1 as follows: (A) A family member notified the hospital on 2/23/11 with complaints including, but not limited to, his/her parent had to "bang on the bed for help" and the patient (#N1) required a cane to ambulate and staff ignored their requests during a recent ED visit. (B) A family member notified the hospital on 2/28/11 with a complaint that during the ED visit, patient #N1 had two (2) necklaces missing. 2. The facility patient relations worksheet indicated that the complaints/grievances were	S0294	S_294How we are going to correct the deficiency:1. Letter to be sent to patient who did not receive follow-up on complaint that patient had to bang on the bed for assistance and was not provided with a cane for ambulation during the ED visit. Person Responsible: ED Nurse ManagerDate to complete: This letter will be mailed 08/05/11.How we are going to prevent the deficiency from recurring in the future:2.a.Completed a process standardization that now allows timely review of key metrics for our complaint resolution process. Person Responsible: Risk ManagerDate of completion: This was completed July, 2011.2.b. Log created that tracks number of days between initial letter sent to patient/family to final letter sent to patient. Person Responsible: Risk ManagerDate of completion: This was completed June 7, 2011.2.c. Weekly review	08/26/2011

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	resolved on 3/21/11. 3. A letter sent to patient #N1 on 3/1/11 indicated the facility was following up on the two necklaces that were lost. The letter did not address the complaint that the patient had to bang on the bed for assistance or that he/she was not provided with a cane for ambulation during the ED visit. 4. Facility policy titled "Complaint Resolution for Patients/Visitors" last reviewed/revised 12/09 states on page 1: "3. To treat all complaints and grievances as an opportunity to improve upon the quality of services provided, and to treat any person expressing a complaint or grievance with dignity and respect....." Page 3 states: "3. Managers/Directors or their designated representative, will handle each complaint on an individual and timely basis, taking into consideration the nature of the grievance and any factors that might endanger patient safety, and will:.....B. Investigate the complaint, or arrange for such investigation, involving all appropriate hospital/medical staff as needed." Page 4 states: "Once the Staff Member or Manger has completed their investigation, they will communicate, verbally if possible, the response and/or resolution with the patient and/or visitor as well as with the hospital and medical staff involved, and document such response in Section II of the Customer Complaint Documentation Form." 5. Staff member #P2 indicated the following		grievance meetings (every Wednesday) to review log that contains complaints logged. Log contains date of initial letter sent to patient/family that identifies awareness of complaint to date of final letter sent (resolution or response of complaint) and number of days between. If final letter not sent, determine days remaining until 30-day time period and either assign responsible person to send follow-up response letter or need to send notice to patient/family indicating the reason for additional delay. Person Responsible: Risk Manager and Patient Relations RepresentativeDate of Completion: Process to begin 08/10/11.2.d. Monthly review wtih VP and CMO on metrics (number of cases with days between initial letter and final letter < 30 days, > 30 days and number of cases incomplete) and develop plan of action if metric goals are not met. Person Responsible: Risk ManagerDate of Completed: Process to begin 08/26/11.2.e. Send policy 1-107 Complaint Resolution for Patient/Visitors to Managers and Directors with reminder of their responsibility with the complaint resolution process. Person Responsible: Risk ManagerDate of completion: This will be completed August 12, 2011.	

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	during interview beginning at 3:15 p.m.: (A) The patient safety issue that the patient had to "bang on the bed for help" in the complaint received by the hospital for patient #N1 had not been addressed.			
S1118	410 IAC 15-1.5-8 (b)(2) (b) The condition of the physical plant and the overall hospital environment shall be developed and maintained in such a manner that the safety and well-being of patients are assured as follows: (2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees. Based on observation and staff interview, the facility failed to maintain a safe environment for 2 of 19 emergency department (ED) bays/rooms observed. Findings include: 1. During tour of the ED beginning at 10:30 a.m. and accompanied by staff members #P1, P2, P3 and P4 the following was observed: (A) Fast track room C did not have a call light for a patient to summon staff if needed and the room was not taken out of service. (B) Hall bay #3 had a working call light that rang to a phone carried by a staff member, however there was no staff member carrying	S1118	S_1118How we are going to correct the deficiency:1.a. Call light placed in Fast Track Room CDate of completion: July 5, 2011Person Responsible: ED Nurse Manager1.b. Hall bay # 3 ascom phone assigned and given to nurse.Person Responsible: ED Nurse ManagerDate of completion: July 5, 2011How we are going to prevent deficiency from recurring in the future;2.a. All Hall Bay Beds (# 1- 4) will be assigned to Patient Care Coordinator's ascom phone (#7370). Call will also be sent to Trauma 2 Float ascom phone(# 7379) and to Tech ascom phones	08/04/2011

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	the phone that the call light was connected to or would ring to. 2. Staff member #P1 indicated the following in interview beginning at 2:15 p.m.: (A) He/she verified that fast track room C had no call light and that no staff had the phone that the call light from hall bed/bay #3 was connected to or would ring to.		(#7381, 7382, 7383 and 7395) - Email uploaded to demonstrate action completed.Person Responsible: ED Nurse ManagerDate of completion: July 19, 20112.b. Emergency Department Policy "Assessment & Reassessment of Patients" revised to include "initial and ongoing safety assessment to include call light within reach". - Policy uploaded that documents changes made to policy.Person Responsible: ED Nurse ManagerDate of completion: 07 11/112.c. ED staff communicated on policy change, change in ascom assignment to PCC and reinforced need to assure patients have call lights. Word document uploaded to demonstrate action completed.Person Responsible: ED Nurse ManagerDate of completion: 7/19/112.d. Reinforce policy change and assignment of hallway phones at staff meetings.Person Responsible: ED Nurse ManagerDate of completion: 7/26/11 and 7/28/112.e. Patient Care policy "Assessment/Reassessment of Patient" revised to include "Safety/risk assessments are included throughout the functional health patterns. Initial assessment included....call light accessibility/use" and "safety and risk assessment are ongoing throughout hospitalization". - Policy uploaded that documents changes made to policy.Person	

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			Responsible: Risk ManagerDate of completion: 7/11/112.f. Weekly monitor call lights available in all ED rooms, including Fast Track Rooms daily for 7 days, then weekly for 7 weeks. Will determine need for additional monitoring after the 8 week period. Follow up with staff following HR coaching and disciplinary action process if room without call light.Person Responsible: ED Nurse ManagerDate of Completion: Start monitoring August 4, 2011	