

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154058	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/14/2015
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NAME OF PROVIDER OR SUPPLIER DOCTORS NEUROPSYCHIATRIC HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 417 S WHITLOCK ST BREMEN, IN 46506
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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
A 0000 Bldg. 00	<p>This visit was for one Federal hospital complaint investigation.</p> <p>Complaint Number: IN00180605</p> <p>Substantiated: Federal deficiency is cited related to allegations.</p> <p>Date: 9/14/15</p> <p>Facility Number: 012843</p> <p>QA: cjl 09/22/15</p>	A 0000	Preparationand/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts for conclusion set forth inthe statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by their provisions of federal and statelaw.	
A 0464 Bldg. 00	<p>482.24(c)(4)(iii) CONTENT OF RECORD: CONSULTATIVE RECORDS [All records must document the following, as appropriate:]</p> <p>Results of all consultative evaluations of the patient and appropriate findings by clinical and other staff involved in the care of the patient.</p> <p>Based on document review and staff interview, medical staff failed to ensure appropriate findings of consultative evaluations related to diagnostic testing reflected the practitioner's order for 1 of</p>	A 0464	1. TheHospital will ensure that education will be given regarding appropriatefindings of consultative evaluations related to diagnostic testing that reflectthe provider's orders. A. The provider responsible for ordering	11/09/2015

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>10 (#1) patient medical records (MRs) reviewed.</p> <p>Findings:</p> <p>1. Rules and Regulations of the Medical Staff, revised/reapproved 2/2015, were reviewed on 9/14/15 at approximately 1504 hours, and indicated on pg. 9, under Medical Records section, point d. Reports of Tests and Results, "All diagnostic and therapeutic procedures shall be recorded and authenticated in the medical record.</p> <p>2. Review of patient MRs, confirmed patient 1 was admitted to the facility on 8/8/15 at 0110 hours for major depressive disorder with psychosis and:</p> <p>a. Fall precautions were ordered and implemented and no falls noted during patient's length of stay.</p> <p>b. On 8/11/15 at 0850 hours, patient complained of pain 10/10 in the rib area on 0-10 pain scale with 10 being the worst.</p> <p>c. A PA (posterior/anterior) and lateral x-ray of chest was ordered on 8/11/15 at 1100 hours due to clinical indication of "left anterior rib pain and cough."</p> <p>d. Radiology Report dated 8/11/5 at 1240 hours, confirmed "heart is in the upper limits of normal...remainder of the lung fields are otherwise essentially</p>		<p>adiagnostic procedure in the hospital shall be educated on the following:</p> <p>1. Policy II-C. II Radiology Ordering Procedure</p> <p>1. The physician responsible for ordering adiaagnostic procedure shall include the following in the order:</p> <p>1. Specific radiology procedure desired</p> <p>2. Clinical indication for the procedure</p> <p>3. Priority of procedure</p> <p>2. Authentication</p> <p>1. Providers have received and been educated on the Hospital's Rules and Regulations pertaining to Authentication of medical records.</p> <p>1. All diagnostic and therapeutic procedures shall be recorded and authenticated in the medical record.</p> <p>2. How the corrective actions will be monitored to ensure actions will not reoccur:</p> <ul style="list-style-type: none"> · Nursing staff will ensure the results of the diagnostic procedure match the order written by the provider for each patient before contacting the provider with the results. · Twenty-four hour chart checks by nursing staff will ensure all providers have authenticated all diagnostic results. · All results not authenticated will be flagged for the provider to sign the following day. · Diagnostic procedure authentication will be monitored 		

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	<p>clear...accuenuation of the pulmonary vasculature with no active infiltrates." The report does not mention the ribs and is not authenticated by the ordering practitioner.</p> <p>e. Discharge Summary dated 8/17/15 confirmed physically doing well, no complaints and discharged home to family in stable condition.</p> <p>3. Medical staff P7 (Family Nurse Practitioner) was interviewed on 8/28/15 at approximately --1624 hours, and confirmed diagnostic testing should reflect the practitioner's order. For patient 1 date of service 8-11-15 for "x-ray chest PA & lateral left anterior rib pain and cough" the radiology report did not address ribs. The radiology report also was not authenticated by P7 (ordering practitioner) after receiving the report.</p>		<p>and discrepancies will be reported to Quality Council, Medical Executive Committee and Governing Board.</p> <p>·Any discrepancy with results not matching a provider's original order will be immediately reported to the Diagnostic Imaging Company for corrective action.</p> <p>·Any reporting to the Diagnostic Imaging Company will be reported to Quality Council, Medical Executive Committee and Governing Board.</p> <p>·3. Responsible Parties: ·Chief Executive Officer, Director of Nursing, Compliance Officer, Quality Committee, Medical Executive Committee, and Governing Board.</p>		