

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150086	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/31/2013
NAME OF PROVIDER OR SUPPLIER DEARBORN COUNTY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 600 WILSON CREEK RD LAWRENCEBURG, IN 47025		
(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	
S000000	<p>This visit was for a State complaint survey.</p> <p>Complaint Number: IN00120196 Substantiated; no deficiencies related to the allegations are cited. One (1) unrelated deficiency is cited.</p> <p>Survey Date: 1-31-13</p> <p>Facility Number: 005077</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: cloughlin 02/28/13</p>	S000000			

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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S000294	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (c)</p> <p>(c) The governing board is responsible for managing the hospital. Based on document review and interview, the hospital failed to follow its complaint/grievance process by not contacting the complainant within 7 working days of receipt of the complaint/grievance and setting a time frame for resolution in 1 instance.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of hospital policy ADM109, entitled COMPLAINT/GRIEVANCE PROCESS RESPONDING TO PATIENT/FAMILY, review date 1/13, indicated each person who offers a complaint, comment, or grievance will be contacted by the Director of Quality/Risk Management or alternate within seven (7) working days of receipt and timeframe set for resolution. Review of an e-mail from employee #A3 to employee #A4, dated November 27, 2012, indicated employee #A3 had received a complaint from a patient who had been in the ER [emergency room], was given an injection and they [the complainant] reported "the nurse" shoved the needle into the bed after giving the 	S000294	<p>The Director of Quality/Risk Management has corrected the issue and will be responsible for compliance. During a patient satisfaction follow-up phone call the patient's father voiced the noted concern to the RN who had called. The RN forwarded the concern to the Director of Quality/Risk Management who followed up with education to the Emergency Department staff on infection control policies regarding proper disposal of needles. Since this issue was received during a follow-up patient satisfaction phone call, it was not viewed as an official complaint so there was no follow-up phone call to the complainant. After review of our policy regarding Complaint/Grievance Process, the Director of Quality/Risk Management or designee will now follow-up with the complainant within the specified time period outlined in the policy on all complaints that require follow-up action.</p>	02/05/2013			

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	<p>injection instead of capping it or throwing it away.</p> <p>3. The above e-mail was documentation of the first time the complaint was brought to the attention of the hospital.</p> <p>4. In interview, on 1-31-13, at 11:45 am, employee #A1 was requested to provide any documentation indicating the complainant had been contacted within 7 days of the receipt of the complaint and timeframe set for resolution. The employee indicated there was no such documentation and none was provided prior to exit.</p>				