

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152007	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/11/2014
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NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 W 10TH ST INDIANAPOLIS, IN 46222
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A 0000  Bldg. 00	<p>This visit was for one Federal hospital complaint investigation.</p> <p>Facility Number: 006106</p> <p>Date: 6/10/14 and 6/11/14</p> <p>Complaint Number: IN 00149897: Substantiated. Deficiencies cited related to the allegations.</p> <p>Surveyor: Linda Plummer, R.N. Public Health Nurse Surveyor</p> <p>QA: cloughlin 06/18/14</p>	A 0000		
A 0392  Bldg. 00	<p>482.23(b) STAFFING AND DELIVERY OF CARE The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient.</p> <p>Based on policy and procedure review, document review, medical record review,</p>	A 0392	<b>A 0392 Immediate Corrective Action: Nurse Manager</b>	07/11/2014

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>and interview, the chief nursing officer failed to ensure that nursing personnel implemented the facility policy related to documentation of meals for 5 of 5 patients (pts. #1 through #5); failed to ensure the documentation of daily baths for 4 of 5 patients (pts. #2 through #5), as per facility expectation/protocol; and failed to ensure that patient call lights were answered within the expected time frame, as per the March 2014 training program, for 4 of 5 patients (pts. #1, #2, #4 and #5).</p> <p>Findings:</p> <p>a. Review of the policy and procedure, "Documentation Of Food And fluid Intake", policy number H-NS 09-013, with a date of 02/2012, indicated:</p> <p>A. Under "Policy", it read: "It is Kindred's policy to document food and fluid intake for all patients to screen for inadequate nutrient intake."</p> <p>B. Under "Procedure", it read: "1. Each meal and supplement is observed and the percentage eaten is recorded for each patient..."</p> <p>b. Review of patient medical records indicated:</p> <p>A. Pt. #1 lacked documentation from 5/13/14 to 5/31/14 for:</p> <p>I. all three meals on 5/13/14, 5/15/14, and 5/18/14.</p>		<p>implemented staff education to all nursing staff on the importance of ensuring meals and baths documented as well as call lights responded to timely. <b>Further Corrective Action to prevent Recurrence: Monitoring:</b> 1. All Clinical staff will receive additional education on meal and bath documentation as well as timely response to call lights. 2. The Nurse supervisors will be performing 100% audits for bath and meal documentation completion throughout their shifts and communicating with staff in real time to assist with increased documentation compliance. 3. Nurse manager is performing 100% audits for all meal and baths and tracking / trending for outliers. 4. Call light reports / education has been modified to include response times for ventilators, equipment and call lights. Ventilators and equipment response times will be monitored for % response times within 1 minute and call lights for % response times within 5 minutes. Results will be posted for staff awareness and reported through Clinical Services Committee, Quality Council, MEC and Governing Board <b>Responsible Role:</b> Chief Clinical Officer</p>	

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	<p>II. breakfast or dinner on 5/17/14.</p> <p>III. dinner on 5/19/14, 5/27/14, 5/28/14, and 5/29/14.</p> <p>IV. lunch or dinner on 5/22/14.</p> <p>V. breakfast or lunch on 5/24/14.</p> <p>VI. breakfast on 5/30/14.</p> <p>B. Pt. #2 lacked documentation from 5/20/14 to 6/6/14 for:</p> <p>I. breakfast or dinner on 5/22/14.</p> <p>II. breakfast on 5/23/14.</p> <p>III. dinner on 5/24/14 and 6/4/14.</p> <p>IV. lunch on 5/30/14.</p> <p>C. Pt. #3 lacked documentation from 5/17/14 to 6/4/14 (day of discharge) for:</p> <p>I. all three meals on 5/13/14 and 5/15/14.</p> <p>II. lunch on 5/16/14, 5/19/14, and 5/22/14.</p> <p>III. breakfast on 5/17/14.</p> <p>IV. dinner on 5/18/14 and 5/25/14.</p> <p>V. breakfast and dinner on 5/23/14 and 5/26/14.</p> <p>VI. lunch or dinner on 5/27/14 and 6/3/14.</p> <p>D. Pt. #4 lacked documentation from 5/17/14 to 6/7/14 for:</p> <p>I. dinner on 5/17/14 and 6/5/14.</p> <p>II. lunch on 5/18/14, 5/24/14, 5/30/14, 5/31/14, and 6/3/14.</p> <p>III. breakfast or dinner on 5/22/14.</p> <p>IV. breakfast or lunch on 5/23/14.</p> <p>V. lunch or dinner on 5/27/14 and 6/4/14.</p> <p>VI. all three meals on 6/7/14.</p>			

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	<p>E. Pt. #5 lacked documentation from 5/13/14 to 5/29/14 for:</p> <p>I. dinner on 5/17/14, 5/18/14, 5/21/14, 5/25/14, and 5/28/14.</p> <p>II. all three meals on 5/19/14, 5/20/14, and 5/26/14.</p> <p>III. breakfast or lunch for 5/29/14 (day of discharge which was after dinner and was documented)</p> <p>c. Interview with staff member #53, the nurse manager, at 9:45 AM on 6/11/14, indicated:</p> <p>A. The facility policy (as listed in a. above) indicates nursing staff are to document all food and fluid intake.</p> <p>B. Each meal is to be documented as to percentage eaten, if patient refuses the meal, or some other reason a meal is not provided or consumed.</p> <p>C. Patients #1 through #5 lacked documentation of meals as listed in b., above.</p> <p>d. Review of patient medical records indicated:</p> <p>A. For the period of 5/20/14 to 6/6/14, pt. #2 lacked documentation of having received a bath on 5/24/14 and 5/27/14.</p> <p>B. For the period of 5/13/14 to 6/4/14, pt. #3 lacked documentation of having received a bath on 5/17/14, 5/19/14, 5/25/14, 5/29/14, 6/2/14, 6/3/14, and 6/4/14.</p>			

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	<p>C. For the period of 5/17/14 to 6/7/14, pt. #4 lacked documentation of having received a bath on 5/21/14, 5/24/14, 5/28/14, 5/29/14, 5/30/14, 6/2/14, 6/6/14, and 6/7/14.</p> <p>D. For the period of 5/8/14 to 5/29/14, pt. #5 lacked documentation of having received a bath on 5/8/14, 5/16/14, 5/17/14, 5/20/14, 5/22/14 (nursing did document that the patient "refused gown change"), and 5/24/14.</p> <p>e. At 9:45 AM on 6/11/14, interview with staff member #53, the nurse manager, indicated: A. Patients #2 through #5 were lacking documentation of baths as listed in d. above.</p> <p>f. At 11:40 AM on 6/11/14, interview with staff member #50, the chief executive officer, indicated: A. There is no specific policy stating that baths are to be given daily, but that is the facility expectation, as per standards of practice.</p> <p>g. Review of the document titled "Mandatory Annual Retraining" (for all nursing staff in March 2014), indicated the expectation for responding to call lights is "within 3 minutes".</p> <p>h. Review of the Nurse Call System</p>			

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	<p>"Summary Patient Activity Report" indicated:</p> <p>A. Between 5/11/14 and 5/24/14, pt. #1 had:</p> <p>I. 31 events where their call light was answered between 4 minutes and 2 seconds and 22 minutes and 48 seconds.</p> <p>II. 6 events where their pulse oximeter (equipment alarm--not ventilator) was responded to between 4 minutes and 8 seconds and 6 minutes and 36 seconds.</p> <p>III. 1 event where their ventilator alarmed and was not responded to for 5 minutes and 32 seconds.</p> <p>B. Between 5/13/14 and 5/24/14, pt. #2 had:</p> <p>I. 16 events where their call light was answered between 4 minutes and 56 seconds and 19 minutes and 49 seconds (voice response was at 17 minutes and 41 seconds).</p> <p>C. Between 5/11/14 and 5/24/14, pt. #4 had:</p> <p>I. 20 events where their call light was answered between 4 minutes and 6 seconds and 16 minutes and 7 seconds (at 9 minutes and 5 seconds, voice response was noted).</p> <p>II. The documentation indicated the patient's call light was "cord out" on 5/16/14 for 11 minutes and 8 seconds before nursing response, and on 5/21/14 for 9 minutes and 14 seconds before nursing response.</p>						

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	<p>D. Between 5/11/14 and 5/24/14, pt. #5 had:</p> <p>I. 23 episodes where their call light was answered between 4 minutes and 7 seconds and 23 minutes and 58 seconds (voice response was 19 minutes and 41 seconds).</p> <p>II. 1 event where their "equipment" (pulse oximeter) alarm activated for 23 minutes and 36 seconds before nursing response (voice response was at 21 minutes and 35 seconds).</p> <p>III. one "cord out" episode that was 4 minutes and 10 seconds.</p> <p>IV. 2 "staff emergency"(bathroom call light) episodes that were 4 minutes and 56 seconds and 23 minutes and 17 seconds (voice response was 17 minutes and 35 seconds).</p> <p>i. Interview with staff member #50, the chief executive officer, at 11:40 AM on 6/11/14 indicated:</p> <p>A. There is no specific call light policy.</p> <p>B. Per the March 2014 Mandatory retraining, call light expectation is that they are responded to within 3 minutes.</p> <p>C. Review of the Nurse Call System "Summary Patient Activity Report" indicates that nursing is failing to respond to call lights as per facility and corporate expectations.</p>			

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A 1134  Bldg. 00	<p>482.56(b)(2) DELIVERY OF SERVICES</p> <p>The provision of care and the personnel qualifications must be in accordance with national acceptable standards of practice and must also meet the requirements of §409.17 of this chapter.</p> <p>Based on medical record review and interview, the speech therapy staff failed to follow their care plan for one patient. (pt. #5)</p> <p>Findings:</p> <p>1. Review of patient medical records indicated that a SLP (speech language pathologist) saw patient #5 on 5/13/14 and indicated that the treatment plan was for the "patient to be seen daily 5X/wk for 4 weeks.". However, Tuesday, 5/20/14; Wednesday, 5/21/14; and Thursday, 5/22/14, had no documentation that the patient was seen by SLP on those days.</p> <p>2. Interview with SLP #56 at 12:15 PM on 6/11/14, indicated that after review of the patient's medical record for pt. #5, it is unknown why there was no documentation of therapy on 5/20/14, 5/21/14, or 5/22/14. If a patient is unable to participate, is out of the building, or for some other reason does not receive speech therapy, a notation should still be</p>	A 1134	<p><b>A 1134 Immediate Corrective Action:</b> SLP responsible was involved with survey and educated at that time on his error.</p> <p><b>Further Corrective Action to prevent Recurrence:</b></p> <p><b>Monitoring:</b> 1. Inservice / education will be provided to all Speech pathologists regarding the need to follow treatment orders as ordered. 2. 100% chart audits will be performed on all Speech orders to monitor for compliance with orders followed appropriately. 3. All Speech patients along with frequency order will be listed on the scheduling board located in the Rehab department office so that whoever is covering for Speech will know which patients need to be seen. 4. Documentation will be provided for any reason an order is not carried out per order. 5. Weekly audits will be performed with any outlier being addressed immediately. 6. Results will be reported through Clinical Services Committee, Quality Council, MEC and Governing Board <b>Responsible Role:</b> Rehab Director</p>	07/11/2014

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S 0000  Bldg. 00	made in the medical record. This was not done for 3 consecutive days for pt. #5, as stated in 1. above.  This visit was for one State hospital complaint investigation.  Facility Number: 006106  Date: 6/10/14 and 6/11/14  Complaint Number: IN 00149897: Substantiated. Deficiencies cited related to the allegations.  Surveyor: Linda Plummer, R.N. Public Health Nurse Surveyor  QA: claughlin 06/18/14	S 0000					
S 0912  Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)  (a) The hospital shall have an organized nursing service that						

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	<p>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. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (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. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based on policy and procedure review, document review, medical record review, and interview, the chief nursing officer failed to ensure that nursing personnel implemented the facility policy related to documentation of meals for 5 of 5 patients (pts. #1 through #5); failed to ensure the documentation of daily baths for 4 of 5 patients (pts. #2 through #5), as per facility expectation/protocol; and failed to ensure that patient call lights</p>	S 0912	<p><b>S 0912 Immediate Corrective Action:</b> Nurse Manager implemented staff education to all nursing staff on the importance of ensuring meals and baths documented as well as call lights responded to timely. <b>Further Corrective Action to prevent Recurrence: Monitoring:</b> 1. All Clinical staff will receive additional education on meal and bath documentation as well as timely response to call lights. 2. The</p>	07/11/2014

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	<p>were answered within the expected time frame, as per the March 2014 training program, for 4 of 5 patients (pts. #1, #2, #4 and #5).</p> <p>Findings:</p> <p>a. Review of the policy and procedure, "Documentation Of Food And fluid Intake", policy number H-NS 09-013, with a date of 02/2012, indicated:</p> <p>A. Under "Policy", it read: "It is Kindred's policy to document food and fluid intake for all patients to screen for inadequate nutrient intake."</p> <p>B. Under "Procedure", it read: "1. Each meal and supplement is observed and the percentage eaten is recorded for each patient..."</p> <p>b. Review of patient medical records indicated:</p> <p>A. Pt. #1 lacked documentation from 5/13/14 to 5/31/14 for:</p> <p>I. all three meals on 5/13/14, 5/15/14, and 5/18/14.</p> <p>II. breakfast or dinner on 5/17/14.</p> <p>III. dinner on 5/19/14, 5/27/14, 5/28/14, and 5/29/14.</p> <p>IV. lunch or dinner on 5/22/14.</p> <p>V. breakfast or lunch on 5/24/14.</p> <p>VI. breakfast on 5/30/14.</p> <p>B. Pt. #2 lacked documentation from 5/20/14 to 6/6/14 for:</p> <p>I. breakfast or dinner on 5/22/14.</p>		<p>Nurse supervisors will be performing 100% audits for bath and meal documentation completion throughout their shifts and communicating with staff in real time to assist with increased documentation compliance. 3. Nurse manager is performing 100% audits for all meal and baths and tracking / trending for outliers. 4. Call light reports / education has been modified to include response times for ventilators, equipment and call lights. Ventilators and equipment response times will be monitored for % response times within 1 minute and call lights for % response times within 5 minutes. Results will be posted for staff awareness and reported through Clinical Services Committee, Quality Council, MEC and Governing Board <b>Responsible Role: Chief Clinical Officer</b></p>	

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	<p>II. breakfast on 5/23/14. III. dinner on 5/24/14 and 6/4/14. IV. lunch on 5/30/14. C. Pt. #3 lacked documentation from 5/17/14 to 6/4/14 (day of discharge) for: I. all three meals on 5/13/14 and 5/15/14. II. lunch on 5/16/14, 5/19/14, and 5/22/14. III. breakfast on 5/17/14. IV. dinner on 5/18/14 and 5/25/14. V. breakfast and dinner on 5/23/14 and 5/26/14. VI. lunch or dinner on 5/27/14 and 6/3/14. D. Pt. #4 lacked documentation from 5/17/14 to 6/7/14 for: I. dinner on 5/17/14 and 6/5/14. II. lunch on 5/18/14, 5/24/14, 5/30/14, 5/31/14, and 6/3/14. III. breakfast or dinner on 5/22/14. IV. breakfast or lunch on 5/23/14. V. lunch or dinner on 5/27/14 and 6/4/14. VI. all three meals on 6/7/14. E. Pt. #5 lacked documentation from 5/13/14 to 5/29/14 for: I. dinner on 5/17/14, 5/18/14, 5/21/14, 5/25/14, and 5/28/14. II. all three meals on 5/19/14, 5/20/14, and 5/26/14. III. breakfast or lunch for 5/29/14 (day of discharge which was after dinner and was documented)</p>			

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NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 W 10TH ST INDIANAPOLIS, IN 46222
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	<p>c. Interview with staff member #53, the nurse manager, at 9:45 AM on 6/11/14, indicated:</p> <p>A. The facility policy (as listed in a. above) indicates nursing staff are to document all food and fluid intake.</p> <p>B. Each meal is to be documented as to percentage eaten, if patient refuses the meal, or some other reason a meal is not provided or consumed.</p> <p>C. Patients #1 through #5 lacked documentation of meals as listed in b., above.</p> <p>d. Review of patient medical records indicated:</p> <p>A. For the period of 5/20/14 to 6/6/14, pt. #2 lacked documentation of having received a bath on 5/24/14 and 5/27/14.</p> <p>B. For the period of 5/13/14 to 6/4/14, pt. #3 lacked documentation of having received a bath on 5/17/14, 5/19/14, 5/25/14, 5/29/14, 6/2/14, 6/3/14, and 6/4/14.</p> <p>C. For the period of 5/17/14 to 6/7/14, pt. #4 lacked documentation of having received a bath on 5/21/14, 5/24/14, 5/28/14, 5/29/14, 5/30/14, 6/2/14, 6/6/14, and 6/7/14.</p> <p>D. For the period of 5/8/14 to 5/29/14, pt. #5 lacked documentation of having received a bath on 5/8/14, 5/16/14, 5/17/14, 5/20/14, 5/22/14 (nursing did</p>			

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	<p>document that the patient "refused gown change"), and 5/24/14.</p> <p>e. At 9:45 AM on 6/11/14, interview with staff member #53, the nurse manager, indicated:</p> <p>A. Patients #2 through #5 were lacking documentation of baths as listed in d. above.</p> <p>f. At 11:40 AM on 6/11/14, interview with staff member #50, the chief executive officer, indicated:</p> <p>A. There is no specific policy stating that baths are to be given daily, but that is the facility expectation, as per standards of practice.</p> <p>g. Review of the document titled "Mandatory Annual Retraining" (for all nursing staff in March 2014), indicated the expectation for responding to call lights is "within 3 minutes".</p> <p>h. Review of the Nurse Call System "Summary Patient Activity Report" indicated:</p> <p>A. Between 5/11/14 and 5/24/14, pt. #1 had:</p> <p>I. 31 events where their call light was answered between 4 minutes and 2 seconds and 22 minutes and 48 seconds.</p> <p>II. 6 events where their pulse oximeter (equipment alarm--not ventilator) was</p>			

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	<p>responded to between 4 minutes and 8 seconds and 6 minutes and 36 seconds.</p> <p>III. 1 event where their ventilator alarmed and was not responded to for 5 minutes and 32 seconds.</p> <p>B. Between 5/13/14 and 5/24/14, pt. #2 had:</p> <p>I. 16 events where their call light was answered between 4 minutes and 56 seconds and 19 minutes and 49 seconds (voice response was at 17 minutes and 41 seconds).</p> <p>C. Between 5/11/14 and 5/24/14, pt. #4 had:</p> <p>I. 20 events where their call light was answered between 4 minutes and 6 seconds and 16 minutes and 7 seconds (at 9 minutes and 5 seconds, voice response was noted).</p> <p>II. The documentation indicated the patient's call light was "cord out" on 5/16/14 for 11 minutes and 8 seconds before nursing response, and on 5/21/14 for 9 minutes and 14 seconds before nursing response.</p> <p>D. Between 5/11/14 and 5/24/14, pt. #5 had:</p> <p>I. 23 episodes where their call light was answered between 4 minutes and 7 seconds and 23 minutes and 58 seconds (voice response was 19 minutes and 41 seconds).</p> <p>II. 1 event where their "equipment" (pulse oximeter) alarm activated for 23</p>			

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S 1904  Bldg. 00	<p>minutes and 36 seconds before nursing response (voice response was at 21 minutes and 35 seconds).</p> <p>III. one "cord out" episode that was 4 minutes and 10 seconds.</p> <p>IV. 2 "staff emergency"(bathroom call light) episodes that were 4 minutes and 56 seconds and 23 minutes and 17 seconds (voice response was 17 minutes and 35 seconds).</p> <p>i. Interview with staff member #50, the chief executive officer, at 11:40 AM on 6/11/14 indicated:</p> <p>A. There is no specific call light policy.</p> <p>B. Per the March 2014 Mandatory retraining, call light expectation is that they are responded to within 3 minutes.</p> <p>C. Review of the Nurse Call System "Summary Patient Activity Report" indicates that nursing is failing to respond to call lights as per facility and corporate expectations.</p> <p>410 IAC 15-1.6-6 REHABILITATION SERVICES 410 IAC 15-1.6-6(a)</p> <p>(a) If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, speech pathology, or other therapy services, the service shall meet the needs of the patients served, within</p>						

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	<p>the scope of the service offered, in accordance with acceptable standards of practice.</p> <p>Based on medical record review and interview, the speech therapy staff failed to follow their care plan for one patient. (pt. #5)</p> <p>Findings:</p> <p>1. Review of patient medical records indicated that a SLP (speech language pathologist) saw patient #5 on 5/13/14 and indicated that the treatment plan was for the "patient to be seen daily 5X/wk for 4 weeks." However, Tuesday, 5/20/14; Wednesday, 5/21/14; and Thursday, 5/22/14, had no documentation that the patient was seen by SLP on those days.</p> <p>2. Interview with SLP #56 at 12:15 PM on 6/11/14, indicated that after review of the patient's medical record for pt. #5, it is unknown why there was no documentation of therapy on 5/20/14, 5/21/14, or 5/22/14. If a patient is unable to participate, is out of the building, or for some other reason does not receive speech therapy, a notation should still be made in the medical record. This was not done for 3 consecutive days for pt. #5, as stated in 1. above.</p>	S 1904	<p><b>S 1904 Immediate Corrective Action:</b> SLP responsible was involved with survey and educated at that time on his error.</p> <p><b>Further Corrective Action to prevent Recurrence:</b></p> <p><b>Monitoring:</b> 1. Inservice / education will be provided to all Speech pathologists regarding the need to follow treatment orders as ordered.</p> <p>2. 100% chart audits will be performed on all Speech orders to monitor for compliance with orders followed appropriately.</p> <p>3. All Speech patients along with frequency order will be listed on the scheduling board located in the Rehab department office so that whoever is covering for Speech will know which patients need to be seen.</p> <p>4. Documentation will be provided for any reason an order is not carried out per order.</p> <p>5. Weekly audits will be performed with any outlier being addressed immediately.</p> <p>6. Results will be reported through Clinical Services Committee, Quality Council, MEC and Governing Board <b>Responsible Role:</b> Rehab Director</p>	07/11/2014
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