

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150090	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2016
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST MARGARET HEALTH - DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 24 JOLIET ST DYER, IN 46311
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S 0000 Bldg. 00	This visit was for investigation of a State hospital complaint. Complaint Number: IN00180185 Substantiated: deficiency related to allegations is cited. Date: 3/29/16 Facility Number: 005080 QA: cjl 05/12/16	S 0000		
S 0930 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b) The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, the registered nurse failed to supervise and evaluate the plan of care related to lack of assessment and documentation of Braden Scale Score in the Emergency Department (ED) for 2 of 5 (patient 1 and 2) medical records reviewed; and lack of documentation of	S 0930	S0930 -The Policy#1199450, Use of the Braden Scale to Assess Risk for Pressure Ulcers Policy (8/1/2013) will be retired and a new comprehensive policy "Skin Assessment and Management" will be adopted and activated. May 17, 20016 by	09/30/2016

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>turning/repositioning patient every 2 hours and not ensuring assessment and documentation of skin inspections every 8 hours for 1 of 5 (patient 1) medical records reviewed.</p> <p>Findings:</p> <p>1. Policy #1199450, Use of the Braden Scale to Assess Risk for Pressure Ulcers Policy, revised/reapproved 8/1/13 indicated on pg:</p> <p>A. 1, point b., in the Emergency Department, the nurse will assess and document pressure ulcer risk using the Braden Scale and implement the Skin Care Protocol (if appropriate) at all of the following times: i. in the ED for more than four (4) hours; ii. Physician orders inpatient admission.</p> <p>B. 2, point g., the nurse will document patient repositioning and the new patient position at least every 2 hours.</p> <p>C. 3, points a. and c., documentation will include Braden Scale upon admission and patient repositioned at least every 2 hours.</p> <p>2. Policy #1233583, Prediction and Prevention of Pressure Ulcers Standard, revised/reapproved 5/1/13 indicated on pg. 1, point 1., the nurse assesses and documents skin inspections at least once every 8 hours, with particular attention to</p>		<p>Wound Care Specialist</p> <ul style="list-style-type: none"> ·Education on the new policy will take place June1, 2016 through July 1. 2016 as a Computer Based Training issued to allEmergency and Inpatient Clinical Nurses by Education Director ·ED Staff meeting held on April 21stand 22nd discussed Skin Assessment/Braden Scale and interventionsrequired on all adult patients who are in the ED longer than four hours or aregoing to be admitted. ED Manager conducted meeting. ·ED Flyer posted in the department (5/17/2016).This flyer will remind clinical staff of required Braden Scale and SkinAssessment that must be performed and appropriate interventions. Posted by EDManager. ·Quality Assessment of ED Documentation. Tenpatients per month who have been admitted or in the ED for more than four hourswill be audited for Braden Scale and interventions. Ten patients per month forthree months (July, August, September 2016) by ED Shared GovernanceRepresentative. QA results will be presented at Quality Council. Goal of 95%Compliance. ·Inpatient Unit Flyer posted (5/20/2016) in allinpatient nursing units. This flyer will remind nursing staff of required SkinAssessment/Braden Scale 		

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	<p>bony prominences.</p> <p>3. Review of patient medical records confirmed:</p> <p>A. patient 1 presented to the ED on 6/15/15 at 1718 hours and transferred at 2324 hours to 7C Telemetry/Renal/Medical Surgical/Oncology Unit, which is 6 hours and 6 minutes. Braden Scale Score was not documented while patient was in the ED.</p> <p>B. skin assessment of patient 1 in the ED indicated scabs were sporadically located on bilateral upper and lower extremities as well as left buttock. Skin assessment on 6/15/15 at 2342 hours after transfer to 7C indicated scabs to bilateral lower and upper extremities. Wound to buttocks is not documented as assessed again until 6/18/15 at 0200 hours and is described as area of redness. On 6/21/15, it is described as "Wound Blister Buttocks Blisters on Inner Buttocks" at 0800 hours. Lacked documentation of skin inspection every 8 hours between 6/15/15 and 6/21/15.</p> <p>C. Nurse Notes while patient 1 was in the Intermediate Care Unit (IMCU) indicated patient was turned/repositioned on 7/3/15 at 1600 hours and at 2224 hours and on 7/5/15 at 0006 hours and at 0800 hours. There was a gap of 6 hours and 24 minutes on 7/3/15 and 7 hours</p>		<p>documentation and appropriate interventions. Posted by Critical Care Clinical Director.</p> <p>·Quality Assessment of Inpatient Documentation.Ten patients per month who have been on an inpatient nursing unit will be audited for Braden Scale, interventions, care plan and applicable interventions at bedside. Ten patients per month for three months (July, August, September 2016) by Shared Governance Quality Council members. QA results will be presented at Quality Council. Goal of 95% Compliance.</p>				

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	<p>and 54 minutes on 7/5/15. Patient was not consistently turned every 2 hours during this time period.</p> <p>D. patient 2 presented to the ED on 7/14/15 at 2356 hours for chief complaint of back pain and was transferred to 7C Telemetry/Renal/Medical Surgical/Oncology Unit at 0427 hours. Patient was in the ED for 5 hours and 31 minutes and lacked documentation of a Braden Scale Total Score while in the ED.</p> <p>4. Staff 5 (Nurse Informaticist) was interviewed on 3/29/16 at approximately --1251 hours, and confirmed there is a form titled Braden Scale in the electronic medical record where nurses document a patient's Braden Score if the patient is in the ED for 4 or more hours. This score was not documented for patient 1 and they were in the ED from 1718 hours until 2324 hours, which is 6 hours and 6 minutes. Patient 2 was in the ED for 5 hours and 31 minutes and did not have a Braden Score documented while in the ED. Patient 1 lacked documentation of skin inspection every 8 hours and was not consistently turned every 2 hours while in the IMCU on 7/3/15 and 7/5/15 when patient was documented as requiring assistance with turning.</p> <p>5. Staff 4 (Intermediate Care Unit</p>				

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	Manager) was interviewed on 3/29/16 at approximately 1439 and stated patients are to be turned every 4 hours, not every 2, while in the IMCU. A policy to support turning patients every 4 hours instead of every 2 hours while in the IMCU was not provided.				