

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150173	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2013
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 5165 MCCARTY LN LAFAYETTE, IN 47905
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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
S000000	<p>This visit was for the investigation of a State complaint.</p> <p>Complaint Number: IN00125808 Unsubstantiated: Lack of sufficient evidence. Unrelated deficiency is cited.</p> <p>Facility Number: 011506</p> <p>Date of Survey: 05/17/2013</p> <p>Surveyor: Sandra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 05/24/13</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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S000930	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on medical record review, policy and procedure review, and interview, the registered nurse failed to ensure the bathing policy was followed for 3 of 3 inpatients (#P1, P2, and P3) on the PCU (Progressive Care Unit).</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. The medical record for patient #P1, who was admitted to the PCU on 01/16/13 at 1445 and discharged on 01/19/13 at 1338, lacked documentation of daily bathing at any time during the hospitalization, or any refusal or explanation regarding that personal hygiene. 2. The medical record for patient #P2, who was hospitalized on the PCU between 01/17/13 and 01/26/13, lacked documentation of daily bathing on 01/18/13 or any refusal or explanations. 3. The medical record for patient #P3, who was hospitalized on the PCU 	S000930	Lorraine Brown, RN, MSN Administrative Director, Inpatient Services, responsible for nursing leadership, is trialing 2 different approaches to address the deficiency. The PCU unit (mentioned in the deficiency) is conducting an audit 3 days per week, to include of 100% of patients on the unit. The audit will include review of the medical record to ensure documentation of the following: bath given or refused, oral care, linen change, and pericare. Results of the audits are posted on the units with feedback provided to individuals where required documentation is absent / incomplete. The 6th floor Med / Surg unit is trialing a different approach, which will include the charge nurse asking each patient specific questions regarding bathing and linen changes. If determined to be incomplete, it will be addressed as soon as possible. The charge nurse will confirm completion and appropriate documentation. To spread the learning from this deficiency, the other inpatient	05/31/2013	

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	<p>between 01/17/13 and 01/22/13, lacked documentation of daily bathing on 01/17/13 and 01/20/13 or any refusal or explanations.</p> <p>4. The facility policy "Adult Daily Bathing Policy", effective 03/01/10, indicated, "I. Purpose: To provide guidelines for daily bathing of the adult patient. II. Scope: This policy applies to all health care personnel practicing in IU Health Arnett adult units who provide daily care of inpatient adults and have completed competency for providing daily care with prepackaged hygiene cloth products. ...VI. Procedure for daily bathing using prepackaged disposable hygiene cloths:..."</p> <p>5. At 1:00 PM on 05/17/13, staff members H2, H3, and H5 confirmed the medical record findings and indicated the standard of practice was to offer, assist, or provide a bath daily to patients, usually in the mornings, unless otherwise ordered or indicated.</p>		<p>units will also be adopting one of these two solutions. Action Plan Update:Retrospective medical record review has been selected as the preferred method to audit compliance. Attached, please find the Excel spreadsheet that includes audit results from each ouf our medical / surgical units. Documentation compliance is monitored for bath, oral care, linen change, and pericare. Results demonstrate that additional work is needed to reach 100% compliance. The audits will continue monthly, with future results to include the names of the individual care providers, to identify better performers and those in need of additional education / remediation.</p>		