

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150047	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/17/2014
NAME OF PROVIDER OR SUPPLIER ST JOSEPH HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 700 BROADWAY FORT WAYNE, IN 46802		
(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 investigation of one hospital licensure complaint.</p> <p>Complaint Number: IN00144070: Unsubstantiated for lack of sufficient evidence: Deficiency cited unrelated to the complaint</p> <p>Date: 3/17/14</p> <p>Facility Number: 005043</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: claughlin 03/31/14</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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S000912	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii)(iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that 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 document review, patient medical record review, and staff interview, the nurse executive failed to ensure that nursing staff implemented the WASP (withdrawal assessment scale</p>	S000912	<p>1) How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <p>§ Per Unit In-service, all Adult</p>	05/17/2014			

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	<p>protocol) as ordered by physicians for 5 of 5 patient records reviewed. (pts. #1 through #5)</p> <p>Findings:</p> <p>1. review of the instructions for the WASP Protocol, per page one of the document, indicated:</p> <p>a. "1. The WASP is to be used to assess patient status every 2 hours for "high risk" patients and every 4 hours for "low risk" patients. Scores on the WASP correspond to the most appropriate dosage of the ordered detox medication...2. Risk status will be determined by the patient's score of the WASP: a score of 30 or lower is considered "low risk", while a score of 31 or higher (sic) is considered "high risk"...6. The nurse may discontinue the WASP and detox PRN (as needed) medication when the patient scores lower than 10 for a 24 hour period."</p> <p>2. review of medical records indicated:</p> <p>a. pt. #1 had the WASP Protocol ordered with scoring indicating the patient scored 23 at 7:15 PM on 1/5/14 and then no scoring until 4:45 PM on 1/6/14 when the patient scored 19, and at 9 PM when the patient scored 27 (the score is written over and thought to be 27)--at 1:30 AM on 1/7/14, the patient was noted as being "asleep", at 3 AM,</p>		<p>Behavioral nurses and techs will be educated on the WASP Protocol and the documentation requirements for those patients who are placed on the WASP Protocol.</p> <p>§ To demonstrate competency, all Adult Behavioral Health nurses and techs will be required to take a quiz based on the education provided in the in-service.</p> <p>§ Form # 2300-0005 (WASP Protocol) will be reviewed for work product revisions.</p> <p>2) How are you going to prevent the deficiency from recurring in the future?</p> <p>§ To prevent future deficiencies, a random audit of 10 charts of Adult Behavioral Health patients on the WASP Protocol will be completed monthly. Review will continue until 4 consecutive months at 90% compliance is achieved. Audit results will be reported at the Patient Safety Committee meeting.</p> <p>3) Who is going to be responsible for number 1 and 2 above?</p> <p>§ The Manager of the Adult Behavioral Health Unit will be responsible for the above stated plan.</p> <p>4) By what date are you going to have the deficiency corrected?</p>	
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	<p>they scored at 12 with the patient "asleep" at 7 AM -- no further score obtained until 2 PM when the patient was scored at 6 with no further assessment/scoring done prior to discharge at 9:20 PM</p> <p>b. pt. #2 had the WASP Protocol ordered with scoring indicating the patient was scored at 12:45 AM on 1/9/14 and at 8:40 AM on 1/9/14 (scored at 4 and 6 respectively) Discharge was at 1:45 PM on 1/9/14</p> <p>c. pt. #3 had the WASP Protocol ordered with scoring indicating the patient scored 19 at 1:45 AM on 1/9/14; 20 at 4:30 AM; 18 at 8:30 AM and then was not evaluated until 8 PM when the patient scored 9--on 1/10/14, the patient was documented as "sleeping" at 12:30 AM; 5 at 9:47 AM and then not scored/evaluated until 7:25 PM with a 0 score</p> <p>d. pt. #4 had the WASP Protocol ordered with scoring indicating the patient scored 12 at 9 PM on 1/13/14 and then had no documentation until 8 AM on 1/14/14 when a 2 was noted for the score--pt. was 0 at 12 PM and 8 at 3:30 PM then 11 at 7:30 PM (at 11:30 PM on 1/14/14 and 3:30 AM on 1/15/14, the patient was noted as "patient sleeping")--on 1/15/14, the patient was evaluated at 7 AM, 12 PM and 4:40 PM (scores were 6, 4 and 4 respectively)</p> <p>e. pt. #5 was admitted at 5:30 PM on</p>		<p>§ By April 17, 2014, education via Unit In-service will be presented to all nursing staff and behavioral health techs.</p> <p>§ By May 17, 2014, the Unit In-service quiz will be completed by all nursing staff and behavioral health techs.</p> <p>§ By May 17, 2014, Form #2300-0005 (WASP Protocol) will be reviewed for work product revisions.</p> <p>§ On May 1, 2014 the documentation audit will begin and continue until 4 consecutive months at 90% compliance is achieved and audit results will be reported at the Patient Safety Committee meeting.</p>				

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	<p>1/31/14 to the behavioral health unit and had the WASP Protocol ordered with scoring indicated "Patient sleeping" at 8 PM and 11:50 PM on 1/31/14 and at 4 AM on 2/1/14--at 8:45 AM was 15 and "unable" to score patient at 12:45 PM (no reason for "unable" was given)--was 10 at 4 PM and 8 at 9 PM with "Patient sleeping" note at 1 AM and 5 AM on 2/2/14, then scoring 8 at 6:30 AM and 4 at 11:30 AM (patient discharged at 9:05 PM that evening)</p> <p>3. interview with staff member #51, the quality/risk manager, at 3:00 PM on 3/17/14 indicated:</p> <p>a. per the WASP Protocol, patients #1 through #5 were considered "low risk", as scores were below 30</p> <p>b. per the WASP Protocol, patients #1 through #5 should have been evaluated every 4 hours, but were not</p> <p>c. per the WASP Protocol, evaluations can be discontinued if scoring for a 24 hours period is less than 10--it appears, that for some patients, the nursing staff discontinued scoring patients before a 24 hour period of being below 10 was obtained</p> <p>d. if evaluation/scoring does not occur during the night time hours, when patients are sleeping, this should be documented, but this wasn't always done</p> <p>e. re education of nursing staff</p>				

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	regarding the evaluation/assessment/scoring of patients on the WASP Protocol needs to occur on this unit			
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