

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150044	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2011
NAME OF PROVIDER OR SUPPLIER FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 1850 STATE ST NEW ALBANY, IN47150		
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S0000	<p>This visit was for the investigation on two (2) State complaints.</p> <p>Complaint number: IN00086452 Unsubstantiated: lack of sufficient evidence. Deficiencies unrelated to the allegations are cited.</p> <p>Complaint number: IN00091345 Unsubstantiated: lack of sufficient evidence. Deficiencies unrelated to the allegations are cited.</p> <p>Date of survery: 9/06/2011 to 9/07/2011</p> <p>Facility number: 005040</p> <p>Surveryor: Deborah Franco, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 10/21/11</p>	S0000			

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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S1038	<p>410 IAC 15-1.5-7 (d)(3)(4)(5)(6)</p> <p>(d) Written policies and procedures shall be developed and implemented that include the following:</p> <p>(3) Review the use of medications with the standards developed by the medical staff, which include stop orders for scheduled drugs and biologicals not specifically prescribed as to time or number of doses.</p> <p>(4) Allow for adequate drug therapy monitoring procedures to exist.</p> <p>(5) Minimize medication errors and document, monitor, evaluate, and report adverse drug reactions and medication errors.</p> <p>(6) Provide for the maintenance of drug and poison information materials. Based on policy review, medical record review, and interview, the pharmacy failed to identify a reported allergy to lovenox prior to dispensing which resulted in administration of lovenox for 1 of 1 patients (N5).</p> <p>Findings:</p> <p>1. Pharmacy policy titled "Patient Data Requirements" provides that allergy information must be available and entered into the Pharmacy computer system before medication orders can be</p>	S1038	For Patient N5, Arixtra, a similar agent, was ordered for this patient and the pharmacy computer system, completed an automatic, Medical Staff approved substitution to Lovenox. The result was that multiple alert messages were generated, obscuring the "allergy alert" message. Date of Correction 11/10/2010 - In the pharmacy computer system, the automatic substitution process has been removed from this product, so that the allergy alert message is given a higher priority, resulting in a more prominent appearance for staff.	10/07/2011

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	<p>dispensed.</p> <p>2. N5's medical record indicated allergy to lovenox and this allergy information was documented and sent to the pharmacy.</p> <p>3. On March 30, 2009, M2 ordered Lovenox 20mg daily subcutaneously.</p> <p>4. Lovenox 20mg was administered to N5 on March 31 and April 1, 2009.</p> <p>5. During interview with S5, on September 7, 2011 at 10:00 AM, S5 verified that pharmacy received and documented N5's lovenox allergy; that lovenox was dispensed in violation of pharmacy policy; and that 2 doses were administered prior to N1's discharge.</p>		<p>November 2010: AdminRx system for dispensing of medications was implemented. To ensure further safety controls. In <i>the Medication Administration Using AdminRx Policy</i> section 10 it states: Before administering a medication, the registered nurse and licensed practical nurse administering the medication does the following: Verifies that there is no contraindication for administering the medication. Verifies patient allergies. (see Page 4 of exhibit A) Monitoring: Monthly medication error logs are kept in order track all medication errors. No errors with regards to allergies were detected in the last year. By implementing the AdminRx technology, the process which caused the above medication error has been eliminated. (see exhibit B) Responsible Party: Pharmacy Director</p>		

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S1318	<p>410 IAC 15-1.5-10 (e)(3)(A)(B)(C)(D)(E)(F)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(3) transfers or refers patients, along with the necessary medical information and records, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care. The information shall include, but not be limited to, the following: (A) medical history; (B) current medications; (C) activities status; (D) nutritional needs; (E) outpatient service needs; (F) follow-up care needs; and</p> <p>Based on medical record review and interview, the facility failed to provide discharge instructions for post-operative wound care for one (1) of one (1) patients (N5).</p> <p>Findings:</p> <p>1. Facility policy "Standards of Care", in effect 4/2009, states "Interdisciplinary discharge planning is an ongoing process initiated when the patient is admitted to the hospital and completed when all needs are resolved or referred. The RN, prior to discharge, completes discharge</p>	S1318	<p>Date of Correction: 12/9/2010 - Policies <i>Transferring of Patients</i> (see exhibit A) and <i>Discharge Instructions</i> (see exhibit b) were updated to include the use of Discharge Instruction lists and patient folders when discharging and transferring patients. These policy updates were sent out to staff as well as placed on-line in the Nursing Policy and Procedure manual.</p> <p>12/9/2010 - TCAB (Transforming Care At the Bedside) meeting minutes reflect that MIPS (Medical Inpatient Service) and SIPS (Surgical Inpatient Service) units are using the discharge</p>	09/21/2011	

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	<p>teaching and referrals".</p> <p>2. N5 had an above-the-knee amputation of the right leg on 3/13/2009 and was discharged from the facility to a nursing home on 4/2/2009.</p> <p>3. The surgeon's discharge summary for N5 indicated that wound care was to continue in the nursing home after discharge from the facility.</p> <p>4. The record lacked documentation that instructions for wound care were provided to nursing home upon N5's discharge as required by facility policy.</p> <p>5. During interview with S10, Director of Nursing, on 9/7/2011 at 3:10 PM, S10 verified that facility policy had not been followed regarding providing discharge instructions to N5's nursing home for the above.</p>		<p>planning folders for each patient in order to collect, organize and facilitate the transfer of information. (see exhibit C)</p> <p>Please see Discharge instruction sheet for patients that are transferred to another facility (see exhibit D)</p> <p>Please see Discharge Instruction sheet for patients that are discharged to home. (see exhibit E)</p> <p>Monitoring: 9/21/2011 - Focus group on "Journey to Discharge" was initiated in order to focus on the whole discharge process even more thoroughly. Booklets are placed in all patient rooms to hold all instructions given throughout their hospital stay, reviewed with every patient and sent home with them at discharge. (see exhibit F)</p> <p>Discharge phone calls are performed on all units. If unable to reach the patient or the patient representative with the Director's name to call with any issues.</p> <p>Responsible Party: Nurse Director(s)</p>		