

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 153025	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2015
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NAME OF PROVIDER OR SUPPLIER HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4100 COVERT AVE EVANSVILLE, IN 47714
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S 000 Bldg. 00	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 005164</p> <p>Dates: 03-02-15 to 03-04-15</p> <p>Surveyors: Trisha Goodwin, RN BS Public Health Nurse Surveyor</p> <p>Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>Ken Ziegler, MT MS Medical Surveyor III</p> <p>QA: cloughlin 03/19/15</p>	S 000		
S 102 Bldg. 00	<p>410 IAC 15-1.2-1 COMPLIANCE WITH RULES 410 IAC 15-1.2-1 (a)</p> <p>(a) All hospitals shall be licensed by the department and shall comply with all applicable federal, state, and local laws and rules.</p> <p>Based on document review and interview, the facility failed to comply with all applicable state laws for 2 of 2</p>	S 102	<p>Immediately following the survey, Human Resources began checking all employees including unlicensed employees against the</p>	03/30/2015

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>unlicensed employee files reviewed (employee #N4 and N5).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. IC 16-28-13-4, a health care facility shall apply within three (3) business days from the date a person is employed as a nurse aide or other unlicensed employee for a copy of the person's state nurse aide registry report from the state department and a limited criminal history from the Indiana central repository for criminal history information under IC 5-2-5 or another source allowed by law. 2. Review of employee #N4 (Nursing Assistant) employee file indicated that he/she was hired on 11/16/10. His/her file lacked documentation of a nurse aide registry report. 3. Review of employee #N5 (Rehab Tech) employee file indicated that he/she was hired on 03/22/13. His/her file lacked documentation of a nurse aide registry report. 4. Staff member #AA1 (Human Resources Director) verified the above at 11:30 a.m. on 3/3/15. 		<p>Indiana Nurse Aide Registry to ensure eligibility for employment along with the criminal background review. The policy regarding hiring of employees was updated to include verifying unlicensed employees with the Indiana Nurse Aide Registry. The Director of Human Resources trained the Human Resource Assistant on the update to the policy to ensure implementation. A review of unlicensed employees will be completed by Human Resources and those employees will be compared to the Indiana Nurse Aide Registry. A monthly audit of new hire employees files will be conducted until 100% compliance is maintained for 4 consecutive months. Person Responsible: Director of Human Resources</p>	

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S 872 Bldg. 00	<p>410 IAC 15-1.5-5 MEDICAL STAFF 410 IAC 15-1.5-5(b)(3)(P)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall:</p> <p>(3) include, but not be limited to, the following:</p> <p>(P) A requirement that the the final diagnosis be documented along with completion of the medical record within thirty (30) days following discharge.</p> <p>Based on document review and interview, the medical staff failed to complete medical records within thirty (30) days after discharge for 8 of 13 medical records (patients #4, 5, 7, 8, 14, 15, 16, and 20).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Patient #4 was discharged 9/29/14 and his/her discharge summary was dictated and/or signed on 11/1/14. 2. Patient #5 was discharged 10/9/14 and his/her discharge summary was dictated and/or signed on 11/30/14. 3. Patient #7 was discharged 11/14/14 and his/her discharge summary was dictated and/or signed on 12/31/14. 	S 872	<p>In order to ensure medical records are completed within 30 days of discharge, the HIM Technician will provide all physicians with a printed report each Monday that clearly lists any patient requiring a discharge summary. The process for completion of the medical record will be reviewed with the physicians. Physicians currently have an ongoing list of patients requiring a discharge summary provided through the electronic medical record and will be reminded to check and complete items in a timely fashion. A monthly audit of 30 charts will be conducted by the Director of Quality Assurance or designee to monitor until 100% compliance has been maintained for 4 consecutive months. Person Responsible: Director of Quality Assurance</p>	03/30/2015
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	<p>4. Patient #8 was discharged 1/4/15 and his/her discharge summary was dictated and/or signed on 2/22/15.</p> <p>5. Patient #14 was discharged 12/16/14 and his/her discharge summary was dictated and/or signed on 2/1/15.</p> <p>6. Patient #15 was discharged 12/1/14 and his/her discharge summary was dictated and/or signed on 1/17/15.</p> <p>7. Patient #16 was discharged 12/1/14 and his/her discharge summary was dictated and/or signed on 1/17/15.</p> <p>8. Patient #20 was discharged 1/7/15 and his/her discharge summary was dictated and/or signed on 2/14/15.</p> <p>9. Staff member #AA3 (HIM Supervisor) verified the above information beginning at 3:00 p.m. on 3/3/15.</p>			

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S 912 Bldg. 00	<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 and interview, the nursing department failed to ensure physician orders were followed for 2 of 2 Comprehensive Unit (CRU) closed patient records reviewed (patients</p>	S 912	In order to ensure physician orders are followed in regards to vitals the assigned nurse will assume responsibility for documenting vitals in the patient record. Training will be provided	03/30/2015

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	<p>#15 and #20) and 1 of 2 Neuro 2 Unit patient open medical records reviewed (patient #9).</p> <p>Findings include:</p> <p>1. Review of patient #15 medical record indicated the following: (A) An order was written on 11/14/14 for Clonidine (blood pressure medication) prn for systolic blood pressure (SBP) > 165. (B) The patients SBP was 184 at 1400 hours on 11/20/14, 180 at 0716 hours on 11/21/14, 191 at 1500 hours on 11/21/14, 186 at 2000 hours on 11/21/14, and 186 at 2000 hours on 11/24/14. (C) The medical record lacked documentation that the prn medication was administered for the elevated blood pressures.</p> <p>2. Review of patient #20 medical record indicated the following: (A) An order was written on 12/30/14 for Clonidine prn for SBP > 160. (B) The patients SBP was 168 at 1500 hours on 1/2/15 and 168 at 1600 hours on 1/1/15. (C) The medical record lacked documentation that the prn medication was administered for the elevated blood pressures.</p>		<p>through daily huddles and via a memo to all staff. The day shift nursing supervisor or designee will complete 30 chart audits monthly until 100% compliance has been maintained for 4 consecutive months. In order to ensure physician orders are followed in regards to documentation of patient weights the ordered task will be changed to 6:00 am daily. Training of staff will be completed in nursing huddles and via a memo to all staff. The night shift nursing supervisor or designee will complete 30 chart audits monthly until 100% compliance has been maintained for 4 consecutive months. Person Responsible: Chief Nursing Officer</p>	

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	<p>3. Review of patient #9 medical record indicated the following:</p> <p>(A) An order was written on 2/23/15 to check vital signs twice daily (bid) and to weigh the patient on admission and every three days.</p> <p>(B) The medical record lacked documentation of any vital signs on 2/25/15 and lacked documentation of vitals x 1 on 2/27/15.</p> <p>(C) The patient was weighed on admission date of 2/23/15. The medical record lacked documentation of a weight on 2/26/15.</p> <p>4. Staff member #N8 (RN) verified medical record information for patient #9 at 12:15 p.m. on 3/3/15.</p> <p>5. Staff member #AA4 (Chief Nursing Officer) verified the medical record information for patients #15 and 20 at 3:25 p.m. on 3/3/15.</p>			