

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150048	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/13/2013
NAME OF PROVIDER OR SUPPLIER  REID HOSPITAL & HEALTH CARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 REID PKWY RICHMOND, IN 47374		
(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 2 State complaints.</p> <p>Complaints: IN00110732 Unsubstantiated, lack of sufficient evidence.</p> <p>IN00114211 Substantiated, State deficiency related to allegation cited.</p> <p>Date of Survey: 3-12 and 3-13-13</p> <p>Facility number: 005044</p> <p>Surveyors: John Lee, R.N. Public Health Nurse Surveyor</p> <p>QA: claughlin 04/30/13</p>	S000000	No response needed for this section.		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150048		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/13/2013	
NAME OF PROVIDER OR SUPPLIER  REID HOSPITAL & HEALTH CARE SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 1100 REID PKWY RICHMOND, IN 47374			
(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			
S000732	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(d)(1)(2)(3)(4)</p> <p>(d) The medical record shall contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of treatment and results.</p> <p>Based on document review and interview, the facility failed to ensure that the medical record contained sufficient information to document accurately the course of treatment and results for 1 of 5 medical records (MR) reviewed (Patient #2).</p> <p>Findings include:</p> <p>1. Review of patient #2's MR indicated the physician wrote the following order on 07-17-12 at 2230 hours; Ensure 8 oz PO BID. Review of the patient's MR lacked documentation that the Ensure was given BID.</p> <p>2. On 03-13-13 at 1040 hours staff #41 &amp; 42 confirmed that they could not confirm where nursing staff would document the Ensure being administered.</p>	S000732	<p>1. The deficiency will be corrected in the following manner:</p> <ul style="list-style-type: none"> <li>· Modification to the ADL documentation screen to add discrete data fields to capture supplements including Ensure.</li> <li>· Staff education regarding nutritional supplement interim documentation plan to be done in the narrative notes began on March 19, 2013.</li> <li>2. The deficiency will be prevented from occurring in the future through ongoing staff education.</li> <li>· A daily report has been requested detailing supplement ordered, frequency and corresponding documentation to insure completed as ordered.</li> <li>· A discrete data field for supplements will be added to the ADL documentation screen.</li> <li>3. The Director of Clinical Informatics Integration will be responsible for discrete data field creation in the clinical documentation system. Ongoing</li> </ul>	03/19/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150048	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/13/2013
NAME OF PROVIDER OR SUPPLIER  REID HOSPITAL & HEALTH CARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 REID PKWY RICHMOND, IN 47374		
(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	
			staff education and compliance monitoring will be the responsibility of the Psychiatric Services Unit Manager, Psychiatric Services Service Line Director and Executive Director of Nursing. Systems Request submitted March 19, 2013 with completion date of May 31, 2013.		