

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/05/2012
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NAME OF PROVIDER OR SUPPLIER ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN 47750
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S0000	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint number: IN00097194 Unsubstantiated: Unrelated deficiency cited.</p> <p>Date of survey: 1-5-12</p> <p>Facility number: 005089</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA: claughlin 02/14/12</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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S0322	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>Based on document review and staff interview, the governing board failed to ensure policies were reviewed at least triennially.</p> <p>Findings include:</p> <p>1. Facility policy titled "SKIN CARE MANUAL: PREVENTION OF PRESSURE ULCERS" as well as document titled "Braden scale for Predicting Pressure Ulcer Risk" were last reviewed/revised in 2007.</p> <p>2. Staff member #1 verified in interview at 11:50 a.m. that the facility policy titled "SKIN CARE MANUAL: PREVENTION OF PRESSURE ULCERS" and the Braden scale have not been reviewed or revised since 2007.</p>	S0322	<p>Preparation and execution of this response and plan of correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. <u>Credible Allegation of Compliance:</u> For the purpose of any allegation that St. Mary's Medical Center (St. Mary's) is not in substantial compliance with Indiana Administrative Code IAC 15-1 and accompanying regulations, this response constitutes St. Mary's allegations of compliance. <u>Credible Allegation of Correction:</u> Even though St. Mary's disputes the allegations and the Indiana State Board of</p>	01/09/2012			

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			<p>Health's claim that St. Mary's is in violation of Indiana Administrative Code IAC 15-1 and accompanying regulations, St. Mary's submits the following as the credible allegation of correction. For each of the following findings, St. Mary's incorporates by reference its response as set forth above. 1.) The Wound-Ostomy Nurse (Policy Owner) and Director, Clinical Support Services reviewed the content of the policy, SKIN MANUAL PREVENTION OF PRESSURE ULCERS, including a literature review of best practices and updated the policy accordingly. The reference source is Guidelines for Prevention and Management of Pressure Ulcers; Wound-Ostomy Continence Nurse (WOCN) Society; 2010. Date Completed 1/9/2012. 2.) Policy is placed on agenda for Review by Nursing Policy and Procedure Committee for 2/13/12. If approved by that group, will be forwarded to Clinical Practice Council for review and approval. Date Completed: 1/13/2012. 3.) Policy Review and approval was performed by the Nursing Policy and Procedure Committee and Clinical Practice Council which both groups include registered nurses who provide direct care to patients and utilize this policy in their care of patients. The Review process occurs as members</p>	

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			<p>review the policy prior to the respective meetings and then approval occurs during the meeting. Members of both groups examine for the policy for relevancy, evidenced-based practice, and current references. Date Completed: 2/13/2012 (Nursing Policy and Procedure Committee) and 2/23/2012 (Clinical Practice Council). Oversight: Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk, and Accreditation 4 The policy, SKIN MANUAL PREVENTION OF PRESSURE ULCERS is current and up-to-date.(see attachment). Completion Date: February 29, 2012. Oversight: Wound-Ostomy Registered Nurse, Director, Clinical Support Services, Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk, and Accreditation.5.) All policies are required to be reviewed and approved every two years. Complete Date: 1/31/12 and ongoing as policies are due for bi-annual renewalOversight. : Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk, and Accreditation 3). Compliance with timely review and approval of policies will be monitored by an audit of policies due for renewal during the next three months. Sample size of the audit will include a total of 30 percent of</p>	

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			<p>polices due for renewal. Completion Date: April 30, 2012 Oversight: Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk, and Accreditation</p>	