

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150024	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2015
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NAME OF PROVIDER OR SUPPLIER  ESKENAZI HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202
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S 0000  Bldg. 00	<p>This visit was for the investigation of a State hospital complaint.</p> <p>Complaint: #IN00178679 Substantiated; Federal deficiency related to the allegation is cited.</p> <p>Facility Number: 005023</p> <p>Survey Date: 08/07/2015</p> <p>QA Review: cjl 08/14/15</p>	S 0000		
S 0912  Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>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</p>			

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>nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(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.</p> <p>(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 facility failed to ensure physician orders were followed for 1 of 10 medical records (MR) reviewed (#1).</p> <p>Findings included:</p> <p>1. Medical record #1 indicated the patient was admitted on 04/15/15 after an automobile accident with a subdural hemorrhage, fractures of the cervical spine, pelvis, sacrum, and femur, and burns to the right lower extremity. On 06/09/15, there were physician orders for Hydromorphone 0.5 mg. (milligrams) IV (intravenous) push daily with burn dressing changes only, apply clean dressing to wound located on pelvis and leg daily and more frequently if</p>	S 0912	The nursing leadership team has identified an opportunity for staff re-education and development in response to this finding. In order to ensure staff are identifying and following all active physician orders, the leadership team for Acuity Adaptable will take the following actions:-A web-based instructional module will be assigned in September 2015 to all Acuity Adaptable inpatient nursing staff which will outline the chart check process. Topics covered in the module will include defining the chart check process and describe the proper steps nurses should take to identify, acknowledge, and complete orders electronically. -To support the web-based education and proper compliance to the chart	10/01/2015

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	necessary, dress with gauze and medipore, and Oxycodone HCl 5 mg./Acetaminophen 325 mg. 2 tabs, via feeding tube every 6 hours, scheduled, and 1 tab. every 6 hours as needed for pain or signs of distress/neurostorm (heart rate greater than 130, respiratory rate greater than 35). Review of the record indicated the following dates and times for the dressing changes and medication administration: 06/10/15- Hydromorphone at 2050 hours and dressing change at 2210 hours, 06/11/15- Hydromorphone at 1821 hours and dressing change at 1956 hours, 06/12/15- Hydromorphone at 2131 hours and dressing only checked at 2200 hours, 06/13/15- no Hydromorphone and dressing only checked, 06/14/15- no Hydromorphone and dressing change at 0110 hours, 06/15/15- no Hydromorphone or dressing change, 06/16/15- no Hydromorphone and dressing change at 0005 hours, 06/17/15- no Hydromorphone and dressing change at 1420 hours, 06/18/15- no Hydromorphone and dressing change at 1458 hours, 06/19/15- no Hydromorphone and dressing change at 1523 hours, 06/20/15- Hydromorphone at 1821 hours, but no dressing change, and 06/21/15- Hydromorphone at 1942 hours, but no dressing change.		check processes, roving in-services will be offered for inpatient nursing staff throughout the month of October 2015. In-services will include refresher education and skills validation for Picasso, Eskenazi's order notification system. Staff will be encouraged to demonstrate their competence by performing a return demonstration in which they complete a chart/active orders check for a patient to whom they are assigned. In order to support compliance and performance improvement, the Acuity Adaptable staff nurse assigned to the role of "Quality Coach", will be conducting monthly audits throughout the 4th quarter of 2015 to validate the efficacy of the educational and corrective action plan. Ten patient records will be audited monthly to measure the following: -Medication verification documented as having been completed in nursing documentation (McKesson/HED) and that all active orders are designated as "acknowledged" or "completed" in the order notification system (Picasso) from admission date to the audit date. The Acuity Adaptable Clinical Manager and the Quality Coach for the Acuity Adaptable department will be the responsible for the education and auditing of these processes.	

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	2. At 3:15 PM on 08/07/15, staff member #5, the Acuity Adaptable Clinical Manager and staff member #6, the Acuity Adaptable Service Line Administrator, confirmed the lack of documentation indicating the medication was given prior to the dressing changes or reasons for the omission.				