

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152014	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2011
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NAME OF PROVIDER OR SUPPLIER SELECT SPECIALTY HOSPITAL-EVANSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SE 4TH ST EVANSVILLE, IN47713
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(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
S0000	<p>This visit was for the investigation of one (1) State hospital complaint.</p> <p>Complaint number: IN00091482 Substantiated; deficiency related to allegations is cited.</p> <p>Date of survey: 8-29-11</p> <p>Facility number: 009443</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 09/20/11</p>	S0000		
S0930	<p>410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and staff interview, the registered nurse failed to ensure an order was in place prior to anchoring a Foley catheter for 1 of 5 patients (patient #3) and failed to follow physician orders for protein supplement for 1 of 5 patients (patient #1).</p>	S0930	The CNO spoke with the employee that anchored the Foley without an order. CNO to re-educate the other nursing staff at staff meetings the week of October 9th, 2011 the need for an order prior to anchoring a Foley. The QAPI team will do	10/03/2011

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>Findings include:</p> <p>1. Review of patient #3 medical record indicated the following: (A) He/she was admitted on 11/9/10 with diagnoses including, but not limited to, pancreatitis, malnutrition, and diabetes. (B) Per document review, the patient had a Foley catheter placed on 12/1/10 with no physician order to place the Foley catheter. The medical record lacked documentation of a Foley catheter order written during the patients stay.</p> <p>2. Staff member #4 indicated the following in interview beginning at 3:40 p.m.: (A) He/she verified that Foley catheter was placed on patient #3 without an order.</p> <p>3. Review of patient #1 medical record indicated the following: (A) He/she was admitted on 11/11/10 with diagnoses including, but no limited to, ventilator dependant respiratory failüre, severe cellulitis, morbid obesity, and severe chronic stroke. (B) The patient had a low albumin level (2.7 with normal range of 3.4-4.8) and had orders for a protein supplement (Beneprotein) to be given. Per document review, the protein supplement was not given per order. The Beneprotein was</p>		<p>random medical record audits to ensure compliance is being maintained. Results of non compliance will be reported to the CNO for employee counseling. DQM will report the results of audit findings to the OIC committee quarterly. Audits will continue until a compliance of 100% is reached. After compliance of 100% is reached, ongoing compliance will be monitored via Infection Control rounds monthly. Non compliance will also be reported to CNO for employee counseling. The ICO will report findings to the OIC committee. The CNO will re-educate the nurses about documenting the administration of Beneprotein on the patient's treatment record during the staff meetings the week of October 9, 2011. The Dietitian will provide a list of patients who are ordered to receive Beneprotein to the House Supervisor on a daily basis. The House Supervisor will do random chart reviews on patient's medical record to ensure that it has been administered as ordered. Compliance will be monitored daily until compliance reaches 90%. The House Supervisor/CNO will counsel employees found in non-compliance with its administration. CNO will report compliance to the OIC committee.</p>		

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	<p>ordered twice daily (B.I.D) initially. The treatment record lacked documentation that it was given b.i.d. on 11/23, 11/25, 11/26, 11/29-12/2, 12/7-12/10. The order was changed to four times a day (q.i.d.) on 12/22. The treatment record lacked documentation that the Beneprotein was given q.i.d. on 12/20-12/22, 12/27-12/30, 1/2, 1/3, 1/6-1/8, and 1/10.</p> <p>4. Facility policy titled "Wound Prevention" last reviewed/revised 3/11 states under Nutritional deficit on page 1: ".....Special attention will be given to protein and vitamin deficiencies....."</p> <p>5. Staff member #4 indicated the following in interview beginning at 3:40 p.m.: (A) He/she verified the Beneprotein was not documented as given per order for patient #1.</p>				