

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150015	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2016
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST ANTHONY HEALTH - MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W HOMER ST MICHIGAN CITY, IN 46360
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S 0000 Bldg. 00	<p>This visit was for the investigation of a State complaint.</p> <p>Complaint number: IN00174673</p> <p>Substantiated: Deficiency related to the allegations is cited.</p> <p>Date: 3/8/2016</p> <p>Facility Number: 005015</p> <p>QA: cjl 04/18/16</p>	S 0000		
S 0930 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 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 interview, a registered nurse failed to supervise and evaluate care in accordance</p>	S 0930	1.How are you goingto correct the deficiency? If already corrected, include the steps taken	07/01/2016

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>with patient needs for 1 (Patient #5) of 5 medical records reviewed.</p> <p>Findings:</p> <p>1. Review of Policy Patient Meal Service, # 8010.0231, last reviewed 11/5/2015, indicated: Procedure</p> <p>A. Patient Care (nursing) staff prepares patient for meal by positioning patient in bed or chair and clearing table prior to delivery of meal trays to unit.</p> <p>2. Patient Care staff delivers trays to patients on all units.</p> <p>B. Food and Nutrition (FNS) staff visits patients on medical/surgical/obstetrics units during meal service.</p> <p>5. Offer to assist the patient with the tray set up.</p> <p>a. Open beverage or sealed packages (condiments, bread, seasonings)</p> <p>b. Cut up meat or butter bread.</p> <p>c. Add cream to coffee or pour milk on cereal.</p> <p>2. On 3/8/2016 at 1200 hours, patient #5 (a stroke patient) indicated that he/she doesn't get the help needed with setting up food trays.</p>		<p>and the date of correction. Food and Nutrition policy #8010.0231 was retired and Nursing Policy #2446140: Tray Passing/Patient Meal Assistance was created with clinical reference (See Attachment 'A'). Nursing staff was re-educated at Department Meetings and/or Department Huddle Meetings regarding the importance of offering and setting up patient meal trays to include:</p> <ul style="list-style-type: none"> ·Place tray and position patient so patient can easily reach meal ·Offer to assist with opening of utensils, cartons, condiments and/or cutting up of the food. This must be offered to all patients. ·Assist patients as necessitated by request and/or functional level <p>1.2 East = Intermediate Care Unit – Educated staff on April 25, 2016 at Department Meeting</p> <p>2.Intensive Care Unit – Educated staff on April 25, 2016 at Department Meeting</p> <ul style="list-style-type: none"> ·See Attachment 'B' <p>3. 2 South = Med/Surgical Unit – Educated staff at May 11, 2016 Weekly Department Huddle Meeting and at May 23, 2016 Department Meeting, utilizing PowerPoint presentation, slide 4 attached.</p> <ul style="list-style-type: none"> ·See Attachment 'C' <p>4. 3 South = Med/Oncology/Pediatric Unit – Educated staff at April 14, 2016 Department Staff Meeting.</p>				

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	3. On 3/8/2016 at 1300 hours, staff member #10 confirmed that they were aware of some problems with tray delivery and food set up, and had talked about having dietary services start delivering trays again, like they used to do, since nursing staff are so busy.		<p>Meeting minutes and PowerPoint presentation slide 11 attached. ·See Attachment 'D'</p> <p>5. Rehab Unit – Educated staff at May 4, 2016 Department Staff Meeting; meeting minutes attached. ·See Attachment 'E' Mandatory Nursing Education material (See Attachment 'F' Picture Illustration with Instructions) has been developed regarding preparing a patient for their meal. This education was launched onto our computer-based 'Learning Compass' on May 17, 2016. Nursing Staff has a targeted completion date of July 1, 2016.</p> <p>1. How are you going to prevent the deficiency from recurring in the future? · The dieticians randomly audit meal set-up during their weekly rounding (See Attachment 'G' Audit). Deficiency with tray set-up is immediately discussed with Unit Clinical Manager and person who passed the tray.</p> <p>·Will continue weekly audits with monthly aggregate reporting to administration until we have 6 months of consecutive scores greater or equal to 98% of trays set up as outlined by policy #2446140 'Tray Passing/Patient Meal Assistance'.</p> <p>·After 6 month goal met, we will continue reporting quarterly to</p>	

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			<p>administration for four concurrent quarters with the same accumulative goal greater or equal to 98% appropriate tray setup.</p> <p>·After monthly and quarterly goals are met the data will not be reported to administration any longer, but the dieticians will keep proper tray set up as part of their weekly rounding observations. If deficiencies arise, more education will be provided to staff and we will begin formal monitoring again.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</p> <p>·Sarah Jones – Nursing Director; Medical, Surgical Units and Women’s Health</p> <p>·Kathy Kesling – Manager, Food and Nutrition Services</p> <p>1. By what date are you going to have the deficiency corrected?</p> <p>1. You must provide a specific date the deficiency will be or has been corrected (month, day, and year) in the “Completion Date” column. The maximum correction time allowed is thirty (30) days from the date of the survey.</p> <p>·May 23, 2016 – First round of Education was completed on all med/surgical/critical care as well as rehab unit.</p> <p>·Weekly audits regarding patient tray passing with immediate feedback began on</p>	

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			<p>04/17/2016 and will continue with monthly reporting to administration until we have 6 consecutive months of 98% or greater compliance with proper tray set up. We will then continue quarterly monitoring for 4 consecutive quarters of meeting established goal.</p> <p>1.If the nature of the deficiency precludes completion within the above-stated thirty (30) days, the Plan of Correction must be written in incremental thirty (30) day phases.</p> <ul style="list-style-type: none"> ·Weekly audits regarding patient tray passing with immediate feedback began on 04/17/2016 and will continue with monthly reporting to administration until we have 6 consecutive months of 98%or greater compliance with proper tray set up. We will then continue quarterly monitoring for 4 consecutive quarters of meeting established goal. ·July 1, 2016– Mandatory Nursing Education material (See Attachment 'F' Picture Illustration with Instructions) has been developed regarding preparing a patient for their meal. This education was launched onto our computer-based 'Learning Compass' on May 17, 2016. Nursing Staff has a targeted completion date of July 1, 2016. 	