

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150035	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/23/2021
NAME OF PROVIDER OR SUPPLIER NORTHWEST HEALTH- PORTER			STREET ADDRESS, CITY, STATE, ZIP CODE 85 EAST US HWY 6 VALPARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00322282</p> <p>Substantiated: Deficiency related to allegations is cited.</p> <p>Date of Survey: 2/23/2021</p> <p>Facility Number: 005033</p> <p>QA: 3/1/21</p>	S 0000			
S 1518 Bldg. 00	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2(b)(3)</p> <p>(b) The emergency service shall have the following: (3) intergration with other hospital services.</p> <p>Based on document review and interview, the hospital's Spiritual Support service lacked to follow policy, for an ER (Emergency Room) event; for 1 of 5 closed ER MR's (Medical Records) reviewed. (Patient # 2).</p> <p>Findings include:</p> <p>1. Review of established hospital policy titled: "Spiritual Support", indicated under PROCEDURE, VIII., "In the event of adverse or traumatic events that occur within the facility, the Chaplin will address the needs of those involved</p>	S 1518	<p>Upon learning of the deficiency noted, a meeting was held with the Risk Manager and the Chaplain who provides spiritual services at the hospital. It was discovered that the Chaplain was not documenting spiritual services provided in the emergency department. This was related to a perceived inability to chart in the FirstNet documentation module of Cerner. The</p>	02/24/2021	

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>and other affected patients and families involved at the time of the event and provide direction and follow-up referrals to assist them in needs that continue after their hospital visit". Policy last revised 11/1/2018.</p> <p>2. Review of Patient # 2's MR, indicated the following:</p> <p>A. Patient (infant) brought in by EMS (Emergency Medical Services), for "Cardio-Respiratory Arrest", to ER/ED (Emergency Room/Department), on 2/12/2020 at 4:55 am.</p> <p>B. Patient expired- pronounced by MD (Doctor Of Medicine) # 30 (ER/ED Staff) at 5:07 am.</p> <p>C. Notifications of patient death included Clergy (A # 7 {Chaplin}), at 5:07 am.</p> <p>D. MR lacked documentation by spiritual support service staff; for involvement, visit, and/or services offered to family member(s) present at time; of deceased patient # 2.</p> <p>3. In interview on 2/23/2021, at approximately 1:20 pm, with A # 3 (ER Manager), the following was confirmed:</p> <p>A. That A # 7 was called by ER staff for event - death of infant.</p> <p>B. That A # 7, did not document in the MR for contact, or support services offered, to/for family member(s).</p> <p>4. In interview on 2/23/2021, at approximately 1:50 pm, with A # 1 (Chief Quality Officer), the following was confirmed:</p> <p>A. That the Chaplin does not normally chart in ER medical records; but charts in Inpatient records.</p> <p>B. That the MR lacked documentation for Chaplin services; if offered/provided.</p>		<p>Chaplain then met with the Nursing Informaticists who educated him and verified that he could chart in that module. Beginning on 2/24/21, the Chaplain is charting on all encounters where spiritual care is provided. The Risk Manager and the Chief Quality Officer routinely review charts where adverse or traumatic events occur. At the time of those chart reviews, we will also audit for documentation of spiritual support. In the event we do not find the required documentation we will follow up with the Chaplain The Chief Quality Officer is responsible for the above process.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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