

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150046	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/06/2013
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NAME OF PROVIDER OR SUPPLIER  TERRE HAUTE REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 S SEVENTH ST TERRE HAUTE, IN 47802
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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
S000000	<p>This visit was for the investigation of one State complaint.</p> <p>Complaint Number: IN00127435 Substantiated: Deficiencies related to the allegations are cited.</p> <p>Facility #: 005042</p> <p>Survey Dates: 05-06-13</p> <p>Surveyor: Billie Jo Fritch RN, MBA, MSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 07/15/13</p>	S000000		
S000930	<p>10/17/13 revised due to IDR 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, the registered nurse failed to ensure admission orders were initiated in emergency department as required per policy.</p>	S000930	<p>Plan of correction ISDH tag05/06/2013. Tag# S930 DeficiencyDiscussion:The Registered Nurse failed to ensure admission orders were initiated in the Emergency Department as</p>	08/09/2013

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 included:</p> <ol style="list-style-type: none"> <li>1. Review of the medical record of P#1 on 5-6-13 indicated the following:               <ol style="list-style-type: none"> <li>a. physician orders on 5-6-13 for P#1 indicated a C-PAP was ordered on 3-15-13 at 0250 hours with 100% oxygen; documentation lacked evidence the C-PAP was applied prior to the patient requiring intubation and ventilator support at 0452 hours (2 hours and 22 minutes after the C-PAP order was written).</li> <li>b. Review of the medical record of P#1 on 5-6-13 indicated the patient had an order for admission to the Intensive Care Unit written on 3-15-13 at 0230 hours, the bed was unavailable due to not being cleaned, and the patient remained in the Emergency Department (ED) until 0425 hours when the ICU bed was available.</li> </ol> </li> <li>2. Review of facility policy titled HOLDING/BOARDING PATIENTS IN THE EMERGENCY DEPARTMENT on 5-6-13 indicated the following: All standard admission orders will be initiated in the ED by the RN as soon as possible.</li> <li>3. An interview was conducted on 5-6-13 with B#2 at 1450 hours who confirmed the admission orders were not</li> </ol>		<p>required by policy (initiation of C-PAP).Corrective Action(1)Policy, IPC.DIR.018,Holding/boarding patients in the Emergency Department was reviewed by VP of Quality management, Quality manager, and Director of Emergency Services on July 30, 2013. At that time, the policy was revised to provide clarification of boarding time frames and the expectation that patients who are held in the ED greater than 4 hours will have admission orders started in the ED. The policy was also revised to clarify that in those circumstances, the ED physician may still be consulted during a time of ED holding for emergency circumstances. (See Attachment E).The revised policy was approved by the Medical Executive Committee on August 1, 2013 and the Interim Chief Nursing Officer on August 2, 2013. (2) Education on the Holding/Boarding policy was provided to Emergency Department Nursing staff on August 5, 2013 by the Emergency Services Education coordinator via written material. (See Attachment F)Compliance Monitoring:Medical Records of 100% of patients held in the Emergency Department for a length of 4 hours or more will be reviewed monthly times three months. This will be performed by the Emergency Services director or his designee for compliance</p>				

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	<p>initiated in the ED by the RN, including the C-PAP as required by facility policy.</p> <p>8. An interview was conducted on 5-6-13 with B#5 at 1455 hours who confirmed the C-PAP order was not initiated in the ED as required by facility policy.</p> <p>9. An interview was conducted on 5-6-13 at 1500 hours with B#1 who confirmed the C-PAP order was not initiated in the ED as required by facility policy.</p>		<p>with Policy IPC.DIR.018 to ensure these patients receive treatment and care as outlined in their admission orders. Aggregate data will be submitted to Hospital leadership, Medical Executive Committee, and Board of Trustees monthly times three months. (See Attachment G)Implementation Date:August 9, 2013Responsible Persons:Interim Chief Nursing Officer andDirector of Emergency Services</p>		