

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HADLEY RD MOORESVILLE, IN 46158
---	--

(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) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This was a State hospital complaint investigation.</p> <p>Complaint: #IN00159111 Substantiated: State deficiency related to the allegations is cited.</p> <p>Facility Number: 005052</p> <p>Survey Date: 04/23/2015</p> <p>QA: cjl 05/08/15</p>	S 000		
S 912	<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 nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p>	S 912		5/20/15

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HADLEY RD MOORESVILLE, IN 46158
---	--

(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) COMPLETE DATE
S 912	<p>Continued From page 1</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>This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, and interview, the nurse executive failed to ensure pain assessments and monitoring were documented according to policy and protocol for 1 of 3 laboring patients (#NP5).</p> <p>Findings included:</p> <p>1. The facility policy "Assessment of Pain Policy", last revised 06/12/12, indicated, "4. Ongoing nursing screening: ...d. Labor pain: Minimum every two (2) hours during labor, every four (4) hours post delivery via C-section, and every eight (8) hours post vaginal delivery. More frequently as indicated by patient need."</p> <p>2. The facility policy "Care of the Laboring Patient Receiving Non-Opioid Epidural Medication", last revised 05/01/09, indicated, "G. ...It is the responsibility of the anesthesiologist to monitor the patient until the patient is deemed stable. However, an anesthesiologist may delegate this responsibility to the RN. ...P. Notify the anesthesiologist for: ...2. Any breakthrough pain.</p> <p>3. Increasing level of block and any motor block. ...Documentation: A. Document all assessments/interventions on electronic/unit</p>	S 912		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HADLEY RD MOORESVILLE, IN 46158
---	--

(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) COMPLETE DATE
S 912	<p>Continued From page 2</p> <p>specific flow sheet."</p> <p>3. Medical record #P5 indicated the patient was admitted at 0605 hours on 09/21/12 for elective induction of labor. Pitocin was started at 0720 hours, membranes ruptured at 0725 hours. The patient requested an epidural at 1010 hours and a pain level of 7 was documented at 1011 hours. The anesthesiologist performed an evaluation at 1030 hours, placed the epidural at 1045 hours. Nursing documentation at 1100 hours indicated the patient reported no pain, was comfortable with the epidural. Documentation on the Anesthesia Record indicated the patient's legs felt very heavy and the epidural infusion was decreased to 9 cc/hour, but no time was documented. The patient delivered precipitously with no warning into the bed at 1432 hours. The record lacked documentation of any other pain levels or discussion of pain or loss of sensation.</p> <p>4. At 1:25 PM on 04/23/15, staff member #3, a nurse on the unit, indicated he/she was unsure about the policy for pain documentation, but indicated he/she thought it was checked every time the vital signs were checked which was every 20- 30 minutes for patients receiving Pitocin.</p> <p>5. At 2:10 PM on 04/23/15, staff member #1, the Clinical Services Director, confirmed the only documented pain levels for patient #P5 were at 1011 hours and 1100 hours on 09/21/12 and should have been documented more because of the epidural. He/she indicated the policy now stated pain should be documented every 30 minutes when receiving an epidural, but the policy at that time did not specify the frequency. He/she indicated the minimum pain assessment should have been at least every 2 hours as specified in</p>	S 912		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HADLEY RD MOORESVILLE, IN 46158
---	--

(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) COMPLETE DATE
S 912	Continued From page 3 the pain policy for laboring patients.	S 912		