

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150047		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  05/10/2012	
NAME OF PROVIDER OR SUPPLIER  ST JOSEPH HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 700 BROADWAY FORT WAYNE, IN 46802			
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S0000	<p>This visit was for investigation of two State hospital complaints.</p> <p>Complaint Numbers: IN00102824: Substantiated: Deficiency cited related to the complaint IN00103585: Unsubstantiated: Lack of Sufficient Evidence</p> <p>Date: 5/9/12</p> <p>Facility Number: 005043</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: claughlin 06/18/12</p>	S0000	<p>1. How are you going to correct the deficiency, include steps taken and date of correction? Pain Policy NUR 630 reviewed, no revised necessary. Education to all clinical staff completed and distributed will conclude on 7/6/2012. Education to all nursing staff to continue during nursing orientation for newly hired nurses. 2. How are you going to prevent the deficiency from reoccurring in the future? By 7/6/2012. All clinical staff educated on pain assessment and reassessment policy. Will monitor pain assessment and reassessment of patients by conducting an audit of 20 patient records weekly x 4 weeks, then 20 records monthly x 4 additional months. Audit results to be presented to the Patient Safety Committee monthly. 3. Who is going to be responsible for #1 &amp; 2 above? The CNO is responsible for compliance. 4. By what date are you going to have the deficiency corrected? POLICY NUR 630 education to be completed by 7/6/2012.</p>				

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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S0930	<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 policy and procedure review, patient medical record review, and staff interview, the registered nurse failed to ensure that the needs of the patient were met related to reported pain levels and failed to implement the facility pain policy for follow up after intervention, for 1 of 5 patients (pt. #5).</p> <p>Findings:</p> <p>1. at 11:40 AM on 5/9/12, review of the policy and procedure "Pain Assessment" (NUR 630A), with a revised date of 8/11, indicated:</p> <p>a. item 4. reads: "Pain management interventions will include comfort measures/interventions, positioning, massage, music, and the use of pain medication as prescribed and indicated."</p> <p>b. item 6. reads: "Pain will be reassessed and documented no greater than one hour after intervention..."</p> <p>2. review of patient medical records at 9:40 AM on 5/9/12 indicated:</p> <p>a. pt. #5:</p>	S0930	. How are you going to correct the deficiency, include steps taken and date of correction? Pain Policy NUR 630 reviewed, no revised necessary. Education to all clinical staff completed and distributed will conclude on 7/6/2012. Education to all nursing staff to continue during nursing orientation for newly hired nurses. 2. How are you going to prevent the deficiency from reoccurring in the future? By 7/6/2012. All clinical staff educated on pain assessment and reassessment policy. Will monitor pain assessment and reassessment of patients by conducting an audit of 20 patient records weekly x 4 weeks, then 20 records monthly x 4 additional months. Audit results to be presented to the Patient Safety Committee monthly. 3. Who is going to be responsible for #1 & 2 above? The CNO is responsible for compliance. 4. By what date are you going to have the deficiency corrected? POLICY NUR 630 education to be completed by 7/6/2012.	07/06/2012	

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	<p>A. was placed in an ED room at 9:51 AM on 1/12/12 and reported pain at a level of 8 (out of 10) with the patient's stated "Pain goal" a level of 3</p> <p>B. the patient was seen by the physician at 10:15 AM</p> <p>C. at 10:27 AM, the patient rated their pain as 10/10</p> <p>D. at 11:35 AM and 11:40 AM the patient reported pain at a level of 5/10</p> <p>E. nursing noted at 11:35 AM: "pt [family] called into unit for update became very upset that [pt] had not received pain med states reason [pt] was brought in was for back pain not resp problems. talked with dr... dr...talked with [family] and [admitting doctor]"</p> <p>F. at 11:53 AM, nursing entered "completed" for having given the patient Norco that was ordered by the physician at 11:46 AM</p> <p>G. at 12:03 PM, nursing wrote: "mild to moderate pain (Pain scale = 3/10)"</p> <p>H. after admission: on 1/12/12, pain was rated as 9 at 8:00 PM with Dilaudid not given until 9:43 PM--follow up indicated the patient was "sleeping" at 10:00 PM</p> <p>I. on 1/13/12, at 6:00 AM, the patient rated pain at a 7-8 with no documentation of pain med given or other comfort measures offered</p> <p>J. at 8:00 AM on 1/13/12, the patient's pain was at a level of 10 and Tylenol was</p>			

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	<p>given at 8:38 AM--no follow up pain level was noted until 12:28 PM when the patient's pain level was rated as 10 (see K.)</p> <p>K. at 12:28 PM on 1/13/12, the patient rated pain again, or still, at a level of 10 with Tylenol given at 12:29 PM--no pain level was noted until 3:55 PM (see L.)</p> <p>L. at 3:55 PM on 1/13/12, pain was noted as 8 and Dilaudid was given at 4:16 PM--follow reassessment was not noted until 6:05 PM when pain was rated as a 5 (greater than one hour after an intervention)</p> <p>M. at 8:06 PM, the patient reported pain at an 8 and Dilaudid was given with the follow up pain assessment rating pain at a 5 at 10:10 PM (greater than one hour after an intervention)</p> <p>N. on 1/14/12, the patient rated pain as a 10 at 6:35 AM with Dilaudid given--the follow up was not done until 8:00 AM, which was greater than the one hour required by facility policy and procedure</p> <p>O. on 1/14/12 at 5:56 PM, the patient rated pain as an 8 with Dilaudid given--the follow up was not documented until 8:09 PM, which was greater than the one hour required by facility policy and procedure</p> <p>P. on 1/15/12 at 3:52 PM, the patient rated pain as an 8 with Dilaudid given--the follow up assessment was not charted until 5:00 PM, which was greater than the</p>			

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	<p>one hour required by facility policy and procedure</p> <p>Q. on 1/16/12 at 8:26 AM, the patient rated pain as a 9 with Dilaudid given--the follow up assessment was not charted until 10:02 AM, which was greater than the one hour required by facility policy and procedure</p> <p>R. on 1/17/12 at 3:55 PM, the patient rated pain as a 6 with no documentation of comfort measures offered--at 4:30 PM, the patient rated pain again as a 6--Oxycodone was not given until 5:39 PM after the patient rated pain as a 7 at 5:36 PM (follow up was appropriate at 6:15 PM with the pain level rated as 4 and the patient stating "Pain is much better")</p> <p>S. on 1/18/12 at 2:30 AM, the patient rated pain as an 8 and Dilaudid was given--the follow up pain assessment was not noted until 4:30 AM when pain was still a 7 (no medication or other comfort measures were noted)--at 6:30 AM the patient still rated pain as 6 and at 7:40 AM, the patient rated pain as a 7--Oxycodone was then given at 8:14 AM--follow up was not noted until 11:40 AM</p> <p>3. Interview with staff member #50 during the survey process of 5/9/12 indicated:</p> <p>a. that it was unclear why there was a 2 hour delay in medicating the patient for pain occurred</p>						

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	<p>b. hourly rounding for pt. #5 was noted by nursing staff, but they failed to chart the patient's pain level with this documentation</p> <p>c. if other pain interventions or comfort measures were offered when pt. #5 had elevated pain levels, these were not documented by nursing staff</p> <p>d. documentation is lacking related to follow up to pain medication administration within one hour, as per facility policy</p>			