

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151311	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2011
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NAME OF PROVIDER OR SUPPLIER TIPTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 S MAIN ST TIPTON, IN46072
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S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005049</p> <p>Survey Date: 06/06-07/2011</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Laboratorian</p> <p>QA: cloughlin 06/21/11</p>	S0000		
S0946	<p>410 IAC 15-1.5-7 (c)(4)</p> <p>(c) Drugs and biologicals shall be prepared for administration and administered as follows:</p> <p>(4) In accordance with the signed written orders of the practitioner or practitioners responsible for the patient's care. When verbal or telephone orders are used they shall be accepted only by personnel that are authorized to do so by the medical staff rules.</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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	<p>Based on document review, medical record review and staff interview, the facility failed to ensure accurate documentation of telephone/verbal orders and/or authentication as required per facility policy and procedure for 10 of 20 (N1-N5, N7, N10, N14, N16, and N17) closed patient medical records reviewed.</p> <p>Findings:</p> <p>1. Review of Medical Staff & Allied Health Rules & Regulations on 6/7/11 at 2:00 PM, indicated on pgs. 10 and 11, point 6.3(d) Orders, "All verbal orders that were repeated and verified shall be signed and dated by the ordering practitioner within 30 days of discharge."</p> <p>2. Review of closed patient medical records on 6/6/11 at 1:49 PM, indicated patient:</p> <p>A. N1, had telephone/verbal Physician's Orders dated 1/14/11 at 0240 and 0910 that were read back and verified but lacked date and time of physician authentication.</p> <p>B. N2, had telephone/verbal Physician's Orders dated 4/13/11 at 1330 and 1405 that were read back and verified but lacked date and time of physician authentication.</p> <p>C. N3, had a telephone/verbal Physician's Order dated 10/4/10 at 1350 that was read back and verified but lacked</p>	S0946	<p>At the July 11, 2011 Indiana University Health Tipton Hospital Medical Staff meeting, the results of the recent State Board of Health Survey were discussed. The physicians were re-educated and reminded to date and time their signatures in compliance with the Rules and Regulations at our facility. Please be assured that there is an electronic process to determine if a physician authenticated their records within 30 days of discharge. When a patient's chart needs signatures or dictation, it is logged in the Health Information Management module of HMS as a chart deficiency. When a physician completes that deficiency, it is resolved in HMS and the date is electronically recorded for that specific chart deficiency. The Health Information Technicians are diligent in entering these dates, as they are used for calculating delinquency rates. The HMS system calculates the length of time that passed between creation and resolution of all chart deficiencies. With that said however, the physicians have been re-educated to date and time their signatures in the official paper medical record. Richard J. Young, RHIA Director of Health Information Services We will monitor concurrently while patient is in-house and it will be monitored retrospectively by the chart analyst in Health Information Services</p>	07/11/2011	

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	<p>date and time of physician authentication.</p> <p>D. N4, had a telephone/verbal Physician's Order dated 7/5/10 at 1140 that was read back and verified but lacked date and time of physician authentication.</p> <p>E. N5, had a telephone/verbal Physician's Order dated 7/9/10 at 1420 that was read back and verified but lacked date and time of physician authentication.</p> <p>F. N7, had a telephone/verbal Physician's Order dated 6/22/10 at 1757 that was read back and verified but lacked date and time of physician authentication.</p> <p>G. N10, had a telephone/verbal Physician's Order dated 3/31/11 at 1443 that was read back and verified but lacked date and time of physician authentication.</p> <p>H. N14, had a telephone/verbal Physician's Order dated 12/20/10 at 1120 that was read back and verified but lacked date and time of physician authentication.</p> <p>I. N16, had a telephone/verbal Physician's Order dated 5/29/10 at 0656 that was read back and verified but lacked date and time of physician authentication.</p> <p>J. N17, had a telephone/verbal Physician's Order dated 6/10/10 at 1045 that was read back and verified but lacked date and time of physician authentication.</p> <p>3. Personnel P12 was interviewed on 6/7/11 at 1:00 PM and indicated the above mentioned patient medical records had telephone and/or verbal orders that were</p>		The results will be collected and reported to the Health Information Service Manager & Director. It will ultimately be reported to the Medical Record Review Committee, the Patient Care Review Committee and if needed, to the full Medical Staff.		

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S0952	<p>lacking of the date and time of the physician's signature as required per facility rules and regulations. Therefore, it cannot be determined that the orders were signed within 30 days of discharge.</p> <p>410 IAC 15-1.5-6(d)</p> <p>(d) Blood transfusions and intravenous medications shall be administered in accordance with state law and approved medical staff policies and procedures. If the blood transfusions and intravenous medications are administered by personnel other than physicians, the personnel shall have special training for these procedures in accordance with subsection (b)(6). Based on review of policies and procedures, patient records and staff interview, the hospital failed to administer blood transfusions in accordance with approved medical staff policies and procedures for 3 of 7 patient records reviewed.</p> <p>Findings included:</p> <p>1. Review of policies and procedures on 6-7-11 between 1:00 PM and 2:05 PM revealed a policy / procedure titled: "Administration of Blood or Blood Products", policy number "MP-028", last revised on "01-19-11", which read:</p>	S0952	<p>Discussion held with Nursing Coordinators. Policy & Procedure on administration of blood or blood products reviewed. Policy will remain the same. Nursing Coordinators will educate nursing staff on policy/procedure paying close attention to adverse reactions and steps needing to occur when adverse reaction noted. The education will be presented with signed inservice sheets and forwarded to Education Services. This will be completed by August 15th, 2011. Teresa Burns, Director of Acute Care Services Event reports will be made out for all adverse blood transfusions reactions and information will be provided to</p>	08/15/2011			

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	<p>"Adverse Reaction to Blood / Blood Product...Notify blood bank and physician...document initial reaction on Transfusion Record and additional observations in Patient Care Flowsheet..."</p> <p>2. Review of patient records on 6-7-11 between 1:00 PM and 2:05 PM indicated the following:</p> <p>a. Patient # L17, admitted on 10-21-10, had a transfusion of leukoreduced packed red blood cells (LR PRBC) on 10-21-11 initiated at "1125" and discontinued at "1340". At 1400, nursing staff indicated the patient had developed a transfusion reaction and documented "PT developing redness to arm pit area, area under neck et chin. States slight itching." Notification of the blood bank and patient's physician, as required by approved policies and procedures, was not documented.</p> <p>b. Patient # L18, admitted on 6-18-10, had a transfusion of LR PRBC on 6-19-10 initiated at "0805" and discontinued at "1035". Nursing staff did not document signs and symptoms of a blood transfusion reaction, nor did nursing staff document notification of the blood bank and patient's physician of a blood transfusion reaction. Laboratory documentation indicated a transfusion reaction investigation was initiated on 6-19-10 at "0953" without indication of</p>		Teresa who will complete a chart audit. This information will be sent to Risk Management and to Patient Care Review Committee on a quarterly basis.		

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S1010	<p>signs and symptoms of a blood transfusion documented in the patient's record.</p> <p>3. In interview on 6-7-11 between 1:00 PM and 2:05 PM, Staff Member #L13 acknowledged the above findings.</p> <p>410 IAC 15-1.5-7 (b)(2)</p> <p>(b) The hospital shall have a pharmacy service directed by a pharmacist, as follows:</p> <p>(2) The pharmacy service shall be administered in accordance with accepted professional standards and federal and state laws.</p> <p>Based on observation, policy and procedure review, and staff interview, pharmaceutical services failed to implement written policy and procedure related to drug handling and storage for 1 of 5 (Emergency Department) areas toured.</p> <p>Findings:</p> <p>1. While on tour 6/7/11 at 11:30 AM, while in the company of personnel P12 and P24, the following was observed in:</p> <p>a. the Pyxis, an open multidose vial of Humulin R insulin, lot #8805740A, that was lacking the date opened and the initials of the personnel who opened it.</p> <p>b. Medication Fridge #27, an open multidose vial of Humalog 75/25 insulin, lot</p>	S1010	<p>Discussion held with Nursing Coordinators Policy/Procedure on use of Multidose Vials reviewed. Procedure revised to say "First access of vial will be dated". Coordinators will educate nursing staff on policy/procedure on Use of Multidose Vials and need to date all vials when first accessed. The education will be presented with signed inservice sheets and forwarded to education services. This education will be completed by August 15th, 2011. Teresa Burns, Director of Acute Care Services Pharmacy when filling Pyxis each day will monitor multidose vials for open date. Any vial that is not dated will have an even report made out and this info will go to nursing coordinator</p>	08/15/2011	

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	<p>#A723708A, that was lacking the date opened and the initials of the personnel who opened it.</p> <p>2. Policy No.: MP-030, titled "Use of Multidose Vials" was reviewed on 6/7/11 at 12:13 PM, and indicated on pg. 1, under Procedures section, point 1, "Clear multidose vials shall be labeled with the date of initial entry and discarded when empty or upon the manufacturer's expiration date, unless contamination is suspected."</p> <p>3. Personnel P24 was interviewed at 12:15 PM on 6/7/11 and confirmed the above-mentioned multidose vials were not properly labeled with the date opened and the initials of the personnel who opened it as required per policy and procedure.</p>		for review. This information will be sent to Risk Management and to Patient Care Review Committee on a quarterly basis.		