

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150056	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/25/2014
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN 46202
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S000000	<p>This visit was for a State complaint investigation.</p> <p>Complaint Number: IN00140387 Unsubstantiated, 1 unrelated deficiency is cited</p> <p>Survey Date: 6-25-14</p> <p>Facility Number: 005051</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: cloughlin 06/30/14</p>	S000000		
S000946	<p>410 IAC 15-1.5-6 NURSING SERVICE 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</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>authorized to do so by the medical staff rules.</p> <p>Based on document review and interview, the hospital failed to follow a physician's order in accordance with the signed written orders of the physician responsible for the patient's care (Patient #1).</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the medical record of Patient #1, indicated there was an order by physician MD#1 on November 13, 2013, at 2:40 pm to start administering to the patient tube feeding of Peptamen 1.5, starting at 10 ml/hour, advancing by 10 ml every 6 hours, to a goal of 58 ml/hour. Further review of the record indicated the tube was inserted by MD#2 on November 15, 2013, at 4:00 pm. Further review of the medical record of Patient #1 indicated the following tube feeding flow of Peptamen 1.5 occurred: <ul style="list-style-type: none"> November 15, 2013, 5:11 pm, 10 ml/hour November 15, 2013, 11:00 pm, 20 ml/hour November 16, 2013, 5:00 am, 30 ml/hour <p>There were no other entries indicating tube feeding flow.</p> 	S000946	<p>S946 410 IAC 15-1.5-6 Nursing Service 410 IAC 15-1.5-7 (c) (4)</p> <p>Corrective Action (s): The Nursing Professional Practice Council reviewed its policy to ensure it appropriately identified the required standards of practice. On or before August 1, 2014, 4 North Unit nurses will be reeducated reemphasizing the importance of both increasing tube feedings according to physician's order and documenting the increase in the electronic medical record. Additionally, nurses will also be reminded that if there was some reason that the physician's order could not be followed then this should also be documented in the electronic medical record and the physician should be notified for further orders. Education will be completed on or before August 1, 2014. Any requisite staff members who fail to complete the education within the designated timeframe will be prohibited from working with patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Monitoring: To ensure compliance, beginning in August 2014, UH 4 North Unit Nursing staff will initiate a monthly audit of</p>	08/01/2014

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	<p>3. Further review of the medical record of Patient #1 indicated the patient was discharged on 11-16-13 at 4:00 pm.</p> <p>4. Based on the above documentation, the flow rate should have been increased, according to the physician's order, to 40 ml/hour, at approximately 11:00 am on November 16, 2013. The record lacked other entries indicating tube feeding flow.</p> <p>5. In interview, on 6-25-14 at 2:00 pm, employee #A1 confirmed the above medical record entries and no further documentation was provided prior exit.</p>		<p>patient's receiving tube feedings medical record documentation of the EMR. The audit will include 100% of patient's receiving tube feedings from the 4 North unit to ensure that tube feedings are administered per physician orders and documented or if there is a reason why the order cannot be followed that is documented in the EMR and the physician or his designee is notified. Any identified gaps will immediately be discussed with the nurse on an individual basis for performance improvement. This audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If the threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects the achievement of the threshold. Results of the audits will be communicated through the Clinical Manager Meeting and the Nursing Professional Practice Council. Responsible Person (s): The Director of Nursing Practice and Quality and/or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to UH 4 N patients and the monitoring of these corrective actions to ensure that the deficiency is corrected</p>	

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

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			and will not recur.		