

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152025	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/10/2015
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NAME OF PROVIDER OR SUPPLIER  CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 W UNIVERSITY AVE 8TH FL MUNCIE, IN 47303
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S 0000  Bldg. 00	The visit was for investigation of a State complaint.  Complaint Number: IN00175235 Substantiated: A deficiency related to the allegations is cited.  Date: 12-09/10-15  Facility #: 004811  QA: cjl 01/25/16	S 0000	Response not required.	
S 0912  Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)  (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:  (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.			

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>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</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>Based upon document review and interview, the nurse executive failed to ensure that the policy/procedures for nursing assessment, the provision of care, medical record documentation, skin care and occurrence reporting were followed and a registered nurse evaluated the nursing care of a patient for 1 of 8 medical records (MR) reviewed (patient 30).</p> <p>Findings:</p> <p>1. The policy/procedure Assessment and Reassessment (revised 7-15) indicated the following: A RN (Registered Nurse) and/or LPN (Licensed Practical Nurse) must document assessments in an ongoing fashion, minimally every twelve hour shift.</p>	S 0912	<p><b>Education/Expectation Requirements:</b> A mandatory CompetencyFair was held February 3rd and 4th 2016, to educate andto reiterate the expectations of nursing documentation; focusing on wound assessment,wound care delivery, daily hygiene, and the timing of vital sign documentation.The expectation is that a wound assessment is to be completed once each shiftand as indicated on the Treatment Assessment Record (TAR). Documentation on the TAR is required to supportthat wound care was delivered. A completed sample of</p>	02/04/2016			

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	<p>2. The MR for patient 30 failed to indicate a wound assessment was performed during the 7pm-7am shift on 5-21-15 and for the 7am-7pm and the 7pm-7am shifts on 5-24-15.</p> <p>3. On 12-14-15 at 1145 hours, the director of nursing, staff A2 confirmed the MR lacked documentation indicating a wound assessment was performed on 5-21 and 5-24-15.</p> <p>4. The MR for patient 30 indicated the following treatment orders: "Left Buttocks: Daily and as needed; cleanse with saline, pat dry and apply medihoney to necrotic tissue. Cover with optifoam gentle ...[and] ... Left and Right abdominal drain sites: Daily and as needed; cleanse with saline and pat dry. Apply drain gauze and secure with gauze dressing."</p> <p>5. The MR for patient 30 failed to indicate wound and pressure ulcer treatments were completed on 5-17, 5-18 and 5-21-15.</p> <p>6. On 12-09-15 at 1355 hours, the director of nursing, staff A2 confirmed the MR lacked documentation indicating wound treatments were performed on 5-17, 5-18 and 5-21-15.</p>		<p>expected nursing assessment/documentation was created by CCO for educational/demonstration purposes for the competencyfair. Attendance was 100% for the competency fair. Documentation compliance expectations areimmediate and non-negotiable. Reportingand documentation of patient events has been addressed in the weekly newsletterwhich is placed in individual employee mailboxes and posted in employee breakroom. Addressing patient events andreporting the events in the proper reporting system were addressed in the dailysafety huddle each shift. Both topicswill be addressed again at the mandatory biannual competency fairs (September2016) in order to reinforce the education and expectations that arenon-negotiable.</p> <p><b>Monitoring Indicators:</b> Randomchart audits will be completed weekly and</p>		

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	<p>7. The MR for patient 30 indicated the surface measurements of a sacral pressure ulcer increased from 4 centimeters (cm) by 7 cm to 4 cm by 10 cm between the time of admission and 5-20-15 during the hospital stay.</p> <p>8. On 12-09-15 at 1425 hours, the director of nursing, staff A2 confirmed the sacral pressure ulcer dimensions had increased during a period when wound treatments were not documented as performed.</p> <p>9. The policy/procedure The Medical Record (approved 9-12) indicated the following: It is imperative that accurate, timely documentation be provided for each patient on each contact with a health care provider.</p> <p>10. The MR for patient 30 failed to indicate the time when vital signs were obtained for 15 of 22 vital sign entries.</p> <p>11. On 12-10-15 at 0930 hours, the director of nursing, staff A2 confirmed that the 15 vital sign entries failed to indicate the time when obtained.</p> <p>12. The policy/procedure Skin Care Protocol (revised 2-15) indicated the following: Skin Hygiene and Inspection ...bathe daily with mild soap, rinse, and</p>		<p>reviewed by the CCO or designee to ensure that proper documentation is completed. The documentation audit tool has been revised to include: Daily nursing assessment documentation, TAR, and Graphic Record. <b>Responsibility:</b> CCO</p>		

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	<p>dry thoroughly.</p> <p>13. The MR for patient 30 lacked documentation a bath was provided on 5-21, 5-23 or 5-26-15.</p> <p>14. On 12-14-15 at 1145 hours, the director of nursing, staff A2, confirmed the MR lacked documentation indicating a daily bath was provided on 5-21, 5-23 or 5-26-15.</p> <p>15. The policy/procedure Occurrence/Event Reporting (approved 8-12) indicated the following: An occurrence or incident that is reportable is any event which is not consistent with the routine care of a patient or any circumstances that threaten the physical safety and well-being of patients or persons who have an association with the facility regardless of whether an actual injury is involved ...an occurrence/event report will be completed by the person discovering the event before leaving their assigned shift.</p> <p>16. The MR for patient 30 indicated on 5-26-15 at 0725 hours that a biliary drain was accidently pulled out of the patient.</p> <p>17. Review of event reports for the period surrounding the allegations failed to indicate an occurrence report was</p>			

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	<p>completed on 5-26-15 by nurse N16 or other staff regarding the change in condition.</p> <p>18. On 12-10-15 at 0930 hours, the director of nursing, staff A2, confirmed that no occurrence report associated with patient 30 for the 5-26-15 entry was prepared by nurse N16 or other staff and available for review at the time of the investigation.</p>				