

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152007	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 W 10TH ST INDIANAPOLIS, IN 46222
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(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) COMPLETION DATE
S000000	<p>This visit was for the investigation of 2 licensure complaints.</p> <p>Complaints IN00142673 Substantiated, State deficiency related to allegations cited. IN00143838 Unsubstantiated, lack of sufficient evidence.</p> <p>Date of Survey: 03-03 & 04-14</p> <p>Facility number: 006106</p> <p>Surveyor: John Lee, R.N. Public Health Nurse Surveyor</p> <p>QA: claughlin 03/31/14</p>	S000000		

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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S000912	<p>410 IAC 15-1.5-6 NURSING SERVICE 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. (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. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based on document review and interview, the facility failed to ensure that nursing personnel followed established policy / procedures for PICC procedure consents for 1 of 5 medical records (MR) reviewed</p>	S000912	<p>S 0912 Immediate Corrective Action: Nurse Manager spoke with PICC nurse and confirmed that he did not obtain an informed consent prior to placing PICC line. Nurse Manager immediately</p>	03/04/2014			

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	<p>(Patient #1).</p> <p>Findings include:</p> <p>1. Review of policy / procedure H-PC 02-005, Informed Consent, indicated the following: "Procedure: b. Registered nurses who are certified in the placement of PICC lines are responsible for obtaining informed consent for this procedure using a "PICC Line Insertion Informed Consent" form. Informed consent is obtained after PICC insertion is ordered by a physician or AHP with order writing authority." This policy / procedure was last reviewed / revised on 04/2013.</p> <p>2. Review of patient #1's MR indicated that a peripherally inserted central catheter (PICC) was inserted on 01-14-14 at 1315 hours. Review of patient #1's MR lacked documentation of a PICC Line Insertion Informed Consent form was completed.</p> <p>3. On 03-05-14 at 0945 hours, staff #40 confirmed that patient #1's MR lacked documentation of a PICC Line Insertion Informed Consent form for 01-14-14.</p>		<p>re-educated nurse that a new consent must be obtained prior to each PICC line placed or attempted. Further Corrective Action to prevent Recurrence: Kindred PICC nurse and contract PICC nurse both educated on the need to ensure that an informed consent must be obtained prior to each PICC line placed or attempted. Monitoring: 1. Pre procedure checklist completed that includes informed consent obtained prior to each PICC line placed. 2. Results reported through Clinical Services Committee, Quality Council, MEC and Governing Board Responsible Role: Nurse Manager Completion Date: March 5, 2014</p>				