STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012132	A. BUILDING: _____ B. WING _____	09/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIBRA HOSPITAL OF FORT WAYNE	2200 RANDALLIA DRIVE 5TH FLOOR FORT WAYNE, IN 46805

(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) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for investigation of one State hospital complaint. Date: 9/2/14 Facility: 012132 Complaint Number: 00153022 Substantiated: Deficiency cited related to the complaint. Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor QA: claughlin 09/22/14	S 000		
S 912	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. (ii) Maintaining a current nursing	S 912		

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S 912	Continued From page 1 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. This RULE is not met as evidenced by: Based on policy and procedure review, patient medical record review, and staff interview, the nurse executive failed to ensure that nursing staff implemented polices related to the documentation of food intake for 2 of 3 patients on regular diets (pts. #1 and #2), failed to ensure the completion of forms for two of 5 patients (pts. #1 and #2), failed to document wound care, per orders for 5 of 5 patients (pts. #1 through #5) and failed to ensure that physician orders for wound care were received prior to beginning wound care for 1 patient (pt. #3). Findings: 1. Review of the policy and procedure "Nutritional Care Process", policy number CLIN 2431, last revision date of April 2013, indicated: a. Under "Nutritional Care Plan", on page 3., it read in the Nursing section: "Records food/fluid intake...". 2. Review of patient records indicated:	S 912		

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S 912	Continued From page 2 a. Pt. #1 had a regular diet ordered and lacked documentation by nursing staff of the amount eaten each meal as follows: A. On 11/20/13: breakfast or lunch. B. On 12/1/13: lunch and dinner. C. On 11/18/13, 11/19/13, 11/22/13, and 11/28/13: dinner. D. On 11/17/13, 11/21/13, 11/23/13, 11/25/13, and 11/30/13: all three meals lacked documentation of the amount consumed. b. Pt. #2 had a regular/low fat diet ordered and lacked documentation by nursing staff of the amount eaten each meal as follows: A. On 10/23/13: breakfast or dinner, B. On 10/14/13, 10/15/13, 10/26/13, 10/29/13, 11/2/13, 11/3/13, 11/5/13, and 11/8/13: no lunch or dinner charted. C. On 11/6/13: no lunch charted. D. On 10/17/13, 10/18/13, 10/21/13, 10/25/13, 10/28/13, 10/30/13, and 11/7/13: no dinner charted. E. On 10/16/13, 10/20/13, 10/22/13, 11/4/13, and 11/9/13: all three meals were lacking documentation of the amount consumed. 3. Interview with staff member #52, the quality director, at 1:50 PM on 9/2/14 indicated: a. Documentation of the amount of food consumed by patients #1 and #2 was lacking as noted in 2. above. b. Nursing staff are not following facility policy, standards of practice, and facility expectations that nursing staff will document the amount consumed by patients after each meal. 4. Review of the policy "Medical Record Documentation", reference number RC 01.03.01 and PC.01.02.03, last reviewed/revised 6/13, indicated: a. Under "Procedure", it reads: "...B. The	S 912		

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S 912	Continued From page 3 Admission Nursing Assessment will be completed by RN (registered nurse) within two (2) hours of inpatient admission...". b. In the section "L.", on page 3, it reads: "Nursing Admission Assessment: 1. Demographic Data: a. Make sure all areas of data are filled in...". c. Under "Procedure", it reads: "...E. A nursing notation will be entered on the Daily Nursing Assessment each shift...". 5. Review of patient medical records indicated: a. Pt. #1 had an admission assessment form that was lacking completion of pages 3, 4, and 5. b. Pt. #2 had a 24 Hour Flow Sheet that on 11/2/13 was not completed on the 7 PM to 7 AM shift and had a 24 Hour Flow Sheet that on 11/11/13 lacked completion on the 7 PM to 7 AM shift. 6. Interview with staff member #52, the quality director, at 1:50 PM on 9/2/14 indicated: a. Nursing staff are not following facility policy, standards of practice, and facility expectations that nursing staff will complete the nursing admission assessment form in all areas, and the shift documentation on the 24 Hour Flow Sheets. 7. Review of the policy and procedure "Wound Management Program", WMP 101.02, last revised 3/11, indicated: a. On page 3 under "Current Treatment", it reads: "...Medical treatments will be ordered by a physician and transcribed onto the kardex. The licensed nurse will document each time the treatment is completed...". 8. Review of the policy "Medical Record Documentation", reference number RC 01.03.01 and PC.01.02.03, last reviewed/revised 6/13,	S 912		

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S 912	Continued From page 4 indicated: a. Under "Procedure", it reads: "...F. Wound assessment on admission...Ongoing wound assessment and care will be documented in the narrative nursing notes and on the Treatment Administration Record (TAR)...". 9. Review of patient medical records indicated: a. Pt. #1 had: A. A physician order on 11/18/13 for left chest tube site daily wound care, but lacked documentation of wound care on 11/19/13, 11/21/13, 11/22/13, and 11/23/13. B. A physician order on 11/15/13 for Vasolex twice a day to the buttocks, but lacked a PM notation of care on 11/17/13, 11/18/13, 11/19/13, or 11/20/13, and lacked twice a day documentation on 11/21/13, 11/22/13, 11/23/13, and 11/24/13. b. Pt. #2 had notation that wound care to the buttocks/sacrum was required every 12 hours, but lacked documentation as follows: A. No PM notation on: 10/10/13, 10/15/13, 10/17/13, 10/21/13, 10/23/13, 10/25/13, and 11/1/13. B. No AM or PM documentation on: 10/11/13, 10/12/13, 10/13/13, 10/14/13, 10/16/13, 10/19/13, 10/24/13, 10/29/13, and 10/31/13. c. Pt. #3 was admitted on 10/15/13 and had no order for wound care until 10/22/13, but had wound care documentation that began on 10/16/13. When the order was given, wound care to the sacrum was to be twice a day. There was no PM documentation of wound care on 10/22/13, 10/23/13 or 10/24/13. d. Pt. #4 was to have sacrum wound care twice a day and lacked documentation as follows: A. No PM notation on 10/23/13, 10/25/13, 10/27/13, 11/5/13, 11/9/13, 11/22/13, and 11/27/13.	S 912		

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S 912	Continued From page 5 B. No AM or PM documentation on 10/28/13, 11/2/13, 11/4/13, or 11/14/13. e. Pt. #5 was to have right and left chest wound care daily and lacked documentation on the following days: 11/7/13, 11/12/13, 11/13/13, 11/14/13, and 11/15/13. 10. Interview with staff member #52, the quality director, at 1:50 PM and 5:30 PM on 9/2/14 indicated: A. Only the wound nurse makes documentation of wound care on the TAR, floor nurses will document on the long hand "Nurses Notes" form when they perform wound care for the patients. B. Pt. #3 had a wound nurse recommendation for care on the physician's progress notes of 10/16/13, but no physician order was written and signed until 10/22/13. An order should have been given before nursing began wound care for the patient. C. There was no documentation for patients #1 through #5, as listed in 9. above, of wound care on either the TAR, or in long hand nursing notes, regarding wound care performance for these patients as required by physician orders and standards of practice.	S 912		