

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 06/09/2014
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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>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00148909</p> <p>Substantiated: deficiency cited related to the allegations</p> <p>Date: 6-09-14</p> <p>Facility Number: 006106</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 06/18/14</p>	S000000		
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</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>nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <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, medical record review and interview, the nurse executive failed to ensure that the policy/procedure regarding the timing of medication administration was followed for 1 of 6 (patient 27) medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. The policy/procedure Timely Administration of Scheduled Medications (approved 4-14) indicated the following: " Medications administered more frequently than daily but not more frequently than every four hours which shall be administered within 1 hours before or after the scheduled time ... "</p>	S000912	<p>S 912 Immediate Corrective Action: Nurse Manager educated staff on the importance of ensuring medications are given within the designated timeframe.</p> <p>Further Corrective Action to prevent Recurrence:</p> <p>Monitoring: 1. All Clinical staff involved in Medication Administration will be educated by Pharmacy on timely medication administration with copies of policy provided and quiz completion required.</p> <p>2. 20 random medication pass audits will be performed monthly by Nursing, Respiratory and Pharmacy. Timely medication Administration is included in these audits.</p> <p>3. Results will be reported through PNT, Clinical Services Committee, Quality Council, MEC</p>	07/11/2014

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	<p>2. The MR for patient 27 indicated that the medication metoprolol 12.5 milligrams was ordered every 12 hours by mouth.</p> <p>3. The MR for patient 27 indicated on 5-13-14 that the metoprolol dose scheduled for 2100 hours was not administered until 2233 hours.</p> <p>4. During an interview on 6-09-14 at 1420 hours, staff A4 confirmed that the medication was administered outside of the policy parameters.</p>		and Governing Board Responsible Role: Chief Clinical Officer		