STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	040071	A. BUILDING _____ B. WING _____	R-C 02/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON REGIONAL MEDICAL CENTER	1600 WEST 40TH AVENUE PINE BLUFF, AR 71603

(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
{A 000}	INITIAL COMMENTS A desk review revisit survey was conducted on February 2, 2018 for all previous deficiencies cited on 01/04/18. All deficiencies have been corrected and no new noncompliance was found. The Facility is in compliance with 42 CFR Part 482, requirements for a hospital.	{A 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 000	INITIAL COMMENTS An entrance conference was conducted with Facility Representatives at 9:45 AM on December 5, 2017. The Representatives were informed the purpose of the visit was to conduct a Complaint Survey. An exit conference was conducted with Facility Representatives at 3:30 PM on 12/07/17. The findings of the survey were discussed. The Representatives were given an opportunity to present additional information and none was presented.	A 000	A395 RN Supervision of Nursing Care CFR: 482.23(b)(3) A. Members of the quality department will audit the daily weights weekly beginning January 5, 2018. Results of these audits will be sent to unit managers/coordinators and directors. Auditing will continue while a report is being built to assist the directors with a daily audit.	2/15/2018
A 395	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on clinical record review and interview, it was determined a Registered Nurse failed to supervise and evaluate the nursing care for two of two (Patient #3 and #5) Patients in that nursing staff failed to obtain and record daily weights. Failure to obtain and record daily weights did not ensure the Physician had information needed to make decisions regarding patient care and had the potential to prolong the patient's hospitalization. The failed practice affected Patient #3 and #5 on 01/04/18. Findings follow: A. Review of Patient #3's clinical record showed orders authored by Physician #1 at 5:51 PM on 12/23/17 for daily weights at 6:00 AM. Review of the clinical record showed a weight of 100 pounds (lbs) documented on 12/23/17. Review of	A 395	B. Director of Quality or designee will review and revise the general and admit order sets for clinical appropriateness of daily weight orders. C. Director of Quality or designee will change the frequency of the output of the order view on the orders tab to clarify the task frequency and decrease staff confusion. D. Regulatory specialist will review the policies and procedures regarding daily weights and make any revisions necessary to address the above mentioned changes. JAN 30 2018	1/26/2018 2/15/2018 1/26/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CEO 01-26-18

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A 395	Continued From page 1 the clinical record showed no weights documented from 12/24/17 through 01/04/18. During an interview with the Regulatory Compliance Officer at 10:20 AM on 01/04/17, she verified the above findings. B. Review of Patient #5's clinical record showed orders authored by Physician #2 at 2:44 PM on 12/26/17 for daily weights at 6:00 AM. Review of the clinical record showed a weight of 175 lbs on 12/16/17. Review of the clinical record showed no weights documented from 12/26/17 through 01/04/18. During an interview with the Regulatory Compliance Officer at 12:20 PM on 01/04/18, she verified the above findings.	A 395	E. Director of Quality or designee will create a report to assist the nursing managers/directors with auditing of daily weigh order compliance. F. Managers/Coordinators or his/her designee will audit 100% of the daily weigh orders each day the week of Jan 29th. Daily weigh audits will be conducted 3x week the week of Feb. 5 and will be done one day a week the week of Feb. 12. Random checks of the daily weigh order compliance will continue by the managers/coordiantors and the quality department to ensure continued compliance. G. Staff education will be done by the managers/coordinators of each unit to update the staff on changes made to the EMR concerning daily weigh orders, documentation, and policy changes.	1/26/2018 2/16/18 2/16/18

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A 395	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on clinical record review and interview, it was determined a Registered Nurse failed to supervise and evaluate the nursing care for two of two (Patient #3 and #5) Patients in that nursing staff failed to obtain and record daily weights. Failure to obtain and record daily weights did not ensure the Physician had information needed to make decisions regarding patient care and had the potential to prolong the patient's hospitalization. The failed practice affected Patient #3 and #5 on 01/04/18. Findings follow: A. Review of Patient #3's clinical record showed orders authored by Physician #1 at 5:51 PM on 12/23/17 for daily weights at 6:00 AM. Review of the clinical record showed a weight of 100 pounds (lbs) documented on 12/23/17. Review of	A 395		2/16/18

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