

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 040071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/07/2017
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NAME OF PROVIDER OR SUPPLIER JEFFERSON REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 WEST 40TH AVENUE PINE BLUFF, AR 71603
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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
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{A 000}	<p>INITIAL COMMENTS</p> <p>A desk review survey was conducted on 09/07/17 for all deficiencies sited on 08/16/17. All deficiencies have been corrected, and no new non-compliance identified. The facility is in compliance with 42 CFR Part 482, requirement for a hospital.</p>	{A 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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A 000	INITIAL COMMENTS An entrance conference was conducted with Facility Representatives at 8:30AM on August 16, 2017. The Facility Representatives were informed the purpose of the visit was to conduct a Complaint Survey. An exit conference was conducted with Facility Representatives at 3:10PM on 08/16/17. The findings of the survey were discussed. The Representatives were given an opportunity to present additional information and none was presented.	A 000	A1101 482.55(a) Organization and Direction 1. All crash carts in the ER were checked for compliance and signatures following the surveyors visit. 2. A conference call/meeting was held on 8/17/17 with all ER charge nurses educating them on the purpose of crash cart checks and reviewing the Crash Cart policy.	8/16/17 8/17/17
A1101	482.55(a) ORGANIZATION AND DIRECTION Organization and Direction. If emergency services are provided at the hospital -- This STANDARD is not met as evidenced by: Based on Crash Cart check sheets, policy and procedure review, and interview, it was determined the Facility failed to ensure four of four (30A, 30B, 29A and 27B) crash carts examined were checked every shift by Emergency Department personnel. Failure to check the crash carts every shift did not ensure the defibrillators were functional and working in the event they were needed for patient care. The failed practice had the potential to affect any patient whose care required the use of the defibrillator. Findings follow: A. Review of the Crash Cart check sheets showed the following: 1) 30A Crash Cart check sheet missing checks five (08/09/17, 08/10/17, 08/12/17, 08/14/17 and 08/15/17) of fifteen (08/01/17 through 08/15/17) night shifts.	A1101	3. New mandatory rounds were implemented in which the off-going charge nurse and the on-coming charge nurse round together to validate that the crash cart check from the previous shift has been completed. 4. Charge nurses will initial behind the previous shift charge nurses to ensure mandatory rounds are being completed. 5. Administrative Director of ER or designee will round every day Monday through Friday until 9/1/17, three times a week until 9/15/17 and then randomly to ensure crash cart checks are being done.	8/17/17 8/31/17 9/15/17

LABORATORY DIRECTOR'S, OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 8-29-17
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A1101	<p>Continued From page 1</p> <p>2) 30B Crash Cart check sheet missing checks five (08/09/17, 08/10/17, 08/12/17, 08/14/17 and 08/15/17) of fifteen (08/01/17 through 08/15/17) night shifts.</p> <p>3) 29A Crash Cart check sheet missing one (08/15/17) of fifteen (08/01/17 through 08/15/17) night shifts.</p> <p>4) 27B Crash Cart check sheet missing checks nine (08/07/17 through 08/15/17) of fifteen (08/01/17 through 08/15/17) night shifts.</p> <p>B. Review of the policy and procedure titled "Code Blue Process and Crash Cart Maintenance" received on 08/16/17 showed the following under "III PROCEDURE ...C. Crash Cart and Defibrillator Maintenance, Standardized crash carts with emergency equipment, supplies and medications are maintained in designated locations.</p> <p>1. Crash cart and defibrillator maintenance is to be performed by licensed personnel every shift during which patient care is rendered. See Crash Cart and Defibrillator Maintenance procedure.</p> <p>2. Signature of person performing maintenance and the crash cart lock number are to be recorded on the Crash Cart and Defibrillator Maintenance Record located on the crash cart"</p> <p>C. During an interview with the Nursing Director of the Emergency Department at 9:10AM on 08/16/17 he stated it was the charge nurse's responsibility to perform the crash cart checks every shift.</p> <p>D. The findings in A, B and C were confirmed at 9:15AM on 08/16/17 during an interview with the Nursing Director of the Emergency Department.</p>	A1101			

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