

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

PRINTED: 03/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 360180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2013
NAME OF PROVIDER OR SUPPLIER CLEVELAND CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 9500 EUCLID AVENUE CLEVELAND, OH 44195		
(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 Substantial Allegation Survey Substantial Allegation #OH00072347 An entrance conference was conducted on 12/09/13 at 9:15 AM and an exit conference was conducted on 12/12/13 at 3:15 PM. The Cleveland Clinic is in compliance with the requirements of 42 CFR Parts 482 for Hospitals in regard to the investigation of the allegations contained in the substantial allegation OH00072347 completed on 12/12/13.	A 000			
A 467	The following deficiencies were issued as a result of the substantial allegation survey. 482.24(c)(2)(vi) CONTENT OF RECORD: ORDERS, NOTES, REPORTS [All records must document the following, as appropriate:] All practitioner's orders, nursing notes, reports of treatment, medication records, radiology and laboratory reports, and vital signs and other information necessary to monitor the patient's condition. This STANDARD is not met as evidenced by: Based on patient interview, observation, medical record review and staff interview the facility failed to document the practitioner's attempts to access a patient's vein for the administration of intravenous fluids. This affected Patient # 8. The sample size was 10 patients and the current census at the time of the survey was 979.	A 467			

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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Continued From page 1
Findings included:

Patient #8 was interviewed on 12/09/13 at 2:45 PM. The patient complained that during the hospital stay, two residents "jabbed" at both sides of her neck trying to start an IV (intravenous access). The patient turned head side to side to reveal the bruising on both sides of neck left behind from the unsuccessful attempts.

The medical record for Patient # 8 was reviewed on 12/10/13 and 12/11/13. There was no evidence in the patient's medical record of documentation of the unsuccessful IV attempts. Interview with Staff I on 12/11/13 at 3:00 PM revealed the hospital staff that reviewed the medical record did not find documentation of the IV attempts. Staff I assured he/ she would do further investigation and follow-up the next day.

On 12/12/13 at 8:15 AM, Staff I reported that he/she spoke with the unit manager the previous evening who spoke with one of the two residents who were caring for Patient # 8 while he/she was a patient in the Intensive Care Unit (ICU). Staff I reported the first resident unsuccessfully attempted to place an IV in the patient's left external jugular vein. A senior or third year resident unsuccessfully attempted on the patient's left external jugular vein and proceeded unsuccessfully to the right external jugular vein. Staff I stated that it was not the expectation for a doctor to document his/her attempts at IV starts.

On 12/12/13 at 10:35 AM both of the above referenced residents were interviewed. Resident # 1 (Staff K) who was the first resident to attempt the IV start in the patient's left jugular vein

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A 467	<p>Continued From page 2</p> <p>revealed he/she had cared for the patient since the patient had arrived to the unit from the emergency department at approximately 8:00 PM on 12/03/13. He/she could not ascertain what time the first attempt was made at the IV start, only to say, "in the early morning hours" of 12/04/13. Resident # 1 stated he/she did not document the unsuccessful attempt as he/she is unaware of any policy that directs him/her to do so.</p> <p>Resident # 2 (Staff L) who is the third year resident revealed he/she explained the procedure to the patient as well as explained to the patient the need for the additional IV. When he/she was unsuccessful on the first attempt on the patient's left side, he/she asked the patient's permission to make an attempt on the right jugular vein. He/she reported the patient allowed and the attempt was made. He/she too could not ascertain the time of these attempts but narrowed the "early morning hours" to between 4:00 and 6:00 AM. Resident # 2 also stated no documentation was made as there is no policy that directs the doctor to document unsuccessful attempts at peripheral IV's.</p> <p>Review of the hospital policy for the nursing institute regarding IV therapy, peripheral IV and midline catheter procedure was completed on 12/12/13. One of the key points regarding the documentation of the insertion is to "document the number of insertion attempts and locations in appropriate medical record". Interview with Staff I on 12/12/13 at 8:30 AM revealed physicians are not held to any nursing policies. At the time of the interview, Staff I could not ascertain the existence of a list of procedures a physician is to document, nor a list of procedures a physician is exempt</p>	A 467		

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