

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150002	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/28/2012
NAME OF PROVIDER OR SUPPLIER METHODIST HOSPITALS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANT ST GARY, IN 46402		
(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	
S0000	<p>The visit was for investigation of a licensure hospital complaint.</p> <p>Complaint Number: IN 00108701</p> <p>Unsubstantiated: lack of sufficient evidence; deficiency cited unrelated to the allegations.</p> <p>Date: 8-28-12</p> <p>Facility Number: 005002</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: claughlin 09/13/12</p>	S0000			

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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S0872	<p>410 IAC 15-1.5-5 MEDICAL STAFF 410 IAC 15-1.5-5(b)(3)(P)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall: (3) include, but not be limited to, the following:</p> <p>(P) A requirement that the the final diagnosis be documented along with completion of the medical record within thirty (30) days following discharge.</p> <p>Based on document review and interview, the facility failed to enforce its medical staff bylaws ensuring that the final diagnosis was documented and the medical record (MR) completed within thirty (30) days following discharge for 1 of 5 MR reviewed.</p> <p>Findings:</p> <p>1. The medical staff bylaws (approved 7-12) indicated the following: " Discharge Summaries: Should be dictated within thirty (30) days following the patient ' s discharge ... [and include] ...Final Diagnosis ...[and] ...Final Disposition (home, other health facility, nursing home, home health, etc.). "</p> <p>2. Review of MR for patient P25 failed to indicate that a discharge summary was</p>	S0872	<p>Corrective Action: The physician responsible for completing the discharge summary on the record reviewed left our hospitalist group. As per protocol, another physician in the group was asked to complete the discharge summary. The discharge summary is now complete and signed. Responsible Leader: Director, Medical Records Completion Date: 10/02/12 Plan for Preventing Recurrence: The Medical Records Department tracks compliance with timely discharge summaries on ongoing basis. Weekly, Medical Records sends a notice of deficiencies to all physicians. Monthly, Medical Records calls all physicians with delinquent records. When a pattern of delinquency is identified, the Director of Medical Records works with the physician to help identify solutions.</p>	10/02/2012			

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	dictated and MR completed by the physician within 30 days of the patient discharge on 5-30-12. 3. During an interview on 8-28-12 at 1225 hours, staff A1 confirmed that the MR for patient P25 lacked a discharge summary and confirmed that the medical record was not completed in the required timeframe.		Physicians with significant delinquencies are reported to the Medical Records Committee and letters are sent to the physicians signed by the Chair of the Medical Records Committee. The Medical Records Committee reports up to Medical Council, where additional action may be initiated, if needed. Delinquencies are reported and considered at the time of physician re-credentialing. Responsible Leaders: Director, Medical Records, Physician Leaders Completion Date: Monitoring process in place at time of survey. Monitoring is ongoing.		