

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/15/2011
NAME OF PROVIDER OR SUPPLIER UNITY MEDICAL AND SURGICAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 4455 EDISON LAKES PKWY MISHAWAKA, IN46545		
(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>This visit was for a standard licensure survey.</p> <p>Facility Number: 012113</p> <p>Survey Date: 09/14/2011-09/15/2011</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Laboratorian/Medical Surveyor</p> <p>QA: claughlin 09/26/11</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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S0362	<p>410 IAC 15-1.4-1(d)(6)(A)(B)(C)(D)(E)(F)</p> <p>(d) The governing board is responsible for assuring that quality patient care is provided. In accordance with hospital policy, the governing board shall do the following:</p> <p>6) Ensure that the hospital does the following:</p> <p>(A) Establish written protocols to identify potential organ and tissue donors.</p> <p>(B) Has written policies and procedures for the facilitation of organ and tissue donations, including procurement.</p> <p>(C) Inform families or authorized persons of potential organ and tissue donors of the option of donation on admission or at the time of death of a potential donor.</p> <p>(D) Use discretion and sensitivity in contacts with potential organ donor families.</p> <p>(E) Notify the appropriate procurement organization of potential organ donors.</p> <p>(F) Establish membership in the organ procurement and transplantation network if the hospital performs transplants.</p> <p>Based on document review the facility failed to notify the appropriate organ procurement organization, per contract, of all hospital deaths. Thus the facility failed to notify procurement organization of potential organ donors.</p>	S0362	<p>1. All referrals to IOPO will be made as soon as possible of every individual whose death is imminent or who has died. 2. All clinical staff educated on IOPO reporting. IOPO reporting on all deaths will be reported at quarterly Quality Council. 3. The</p>	10/01/2011	

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	<p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the contract between the hospital and the Indiana Organ Procurement Organization indicated the "Hospital shall provide Timely Referral to IOPO as soon as possible of every individual whose death is imminent or who has died (including calling prior to the time Brain Death is declared), in the Hospital. " 2. Review of the documentation presented failed to show all deaths were reported. Donation Activity Report for 2010 indicated 8 deaths occurred in 2010 and only 7 deaths were reported. 3. Employee A1 was interviewed on September 15, 2011 at 2pm and verified the information. 		Chief Nursing Officer will be responsible for this.		