

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150162	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/31/2015
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 8111 S EMERSON AVE INDIANAPOLIS, IN 46237
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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
S 0000 Bldg. 00	The visit was for investigation of a State complaint. Complaint Number: IN00173130 Substantiated; no deficiencies related to the allegations are cited. An unrelated deficiency is cited. Date 12-30/31-15 QA: cjl 02/08/16	S 0000		
S 0872 Bldg. 00	410 IAC 15-1.5-5 MEDICAL STAFF 410 IAC 15-1.5-5(b)(3)(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) A requirement that the the final diagnosis be documented along with completion of the medical record within thirty (30) days following discharge. Based on document review and interview, the facility failed to ensure its medical staff rules and regulations were	S 0872	1.How areyou going to correct the deficiency? Our current MedicalStaff Rules and	04/01/2016

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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	<p>followed and the medical record (MR) completed within thirty (30) days following discharge for 1 of 8 MR reviewed (patient # 30).</p> <p>Findings include:</p> <ol style="list-style-type: none"> The Medical Staff Rules and Regulations (approved 5-15) indicated the following: "The time limit for completion of the medical record, is no more than thirty (30) days from the date of discharge or death of a patient ...A medical record is defined as incomplete upon the patient's discharge from an inpatient or observation visit, or outpatient surgery if any of the following are missing: ...signature of orders, dictation and other medical record forms... [and] ...The Discharge Summary shall be authenticated ...within thirty (30) days after discharge." Review of patient #30's MR indicated the patient was discharged on 2-15-14 and the history and physical, operative report, and discharge summary was dictated on 2-15-14 and not authenticated by the oral surgeon until 5-06-14. On 12-31-15 at 1030 hours, the patient safety officer, staff A3, and the emergency department manager, staff A5, confirmed the MR for patient #30 was 		<p>Regulations state in section 7.4-1 (Completion of MedicalRecords) that the time limit for completion of the medical record, is no morethan (30) days from the date of discharge or death. However in section 7.4-4 (Delinquent MedicalRecord Policy for Suspension) the suspension-eligibility criteria is documentedsuch that chart completion in some instances can extend beyond the 30-day timeframe before the provider is suspension eligible. The Medical Staff Rules and Regulationssuspension-eligibility criteria will be revised to ensure that all inpatient/observation/same day surgery charts are completed within 30 days ofdischarge.</p> <p>2. How are you going to prevent the deficiency from recurring in the future? We will revise our Medical Staff Rules & Regulations and HealthInformation Management (HIM) Delinquent Chart Suspension Policy, as well as theassociated workflow and educate providers and those responsible for carryingout and enforcing the suspension workflow.</p> <p>3. Who is going to be responsible for #1 & #2above? HIM will be responsible for the identification ofdelinquent charts and physician notification. St. Francis leadership including the Medical Executive Committee</p>	

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	not completed in the required timeframe.		will support timely chart completion through enforcement of the suspension workflow and ongoing review of suspension activities. 4. By what date are you going to have the deficiency corrected? Revision of Medical Staff Rules & Regulations requires approval by the Medical Executive Committee. This committee will vote on the proposed revisions on 3/17/16 with final approval from the board taking place on 3/22/16. Implementation of the revised Rules and Regulations will take place on 4/1/16 after communication to the medical staff.		