

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150051	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/21/2013
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 601 W SECOND ST BLOOMINGTON, IN 47403		
(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	
S000000	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Date of survey: 2-21-13</p> <p>Facility number: 005047</p> <p>Complaint number: IN00121924 Unsubstantiated; lack of sufficient evidence. Unrelated deficiency cited.</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 03/15/13</p>	S000000			

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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S000712	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(1)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>Based on document review and staff interview, the facility failed to ensure the emergency department (ED) physician documented the time and date of the physical exam accurately for 2 of 5 patients (patient #2 and #3).</p> <p>Findings include:</p> <p>1. Review of patient #2 medical record indicated the following: (A) The physical exam portion of the medical record was dated 11/20/12 at 11:28 a.m. and the patient was in the ED from 1:26 p.m.- 4:47 p.m. on 11/17/12.</p> <p>2. Review of patient #3 medical record indicated the following: (A) The physical exam portion of the medical record was dictated on 11/19/12 at 1:40 p.m. and the patient was in the ED from 10:25 a.m. - 1:24 p.m. on 11/17/12.</p>	S000712	<p>Indiana State Department of Health Plan of Corrective Action for complaint survey conducted February 21, 2013. ID Prefix Tag S 712</p> <p>1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <p>a. Remote access has been set up for providers to complete charts within 24 hours per regulations</p> <p>b. Education was done with the provider in question, and her charting has improved.</p> <p>c. Voice recognition software is currently being trialed in the department, as a tool for better real-time charting. Education is currently being provided to all providers and will be implemented individually after education</p> <p>d. HIMS continues to notify</p>	05/31/2013			

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	3. Staff member #1 verified the above in interview at 11:45 a.m. on 2/21/13.		<p>each provider of deficiencies and incomplete charting. This includes frequent notifications to the Regional Medical Director and the ED Medical Director about outstanding charts for follow up.</p> <p>e. All providers were educated at their section per ED Medical Director on the need for timely completion of charts to comply.</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>a. Continuation of the plan of correction as stated above b. Random sampling of 30 charts per month for 3 months with immediate feedback for non-compliance</p> <p>3. Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</p> <p>ED Management Team ED Medical Director Dr. Andrew Watters ED Clinical Director Kitra Ludlow MSN ED Support Services Manager Carmen Pike</p> <p>4. By what date are you going to have the deficiency corrected?</p> <p>May 31, 2013</p>		

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

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OMB NO. 0938-0391

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