

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

PRINTED: 08/16/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150051	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/18/2023
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NAME OF PROVIDER OR SUPPLIER IU HEALTH BLOOMINGTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP COD 2651 EAST DISCOVERY PARKWAY BLOOMINGTON, IN 47408
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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S 0000 Bldg. 00	<p>This visit was for investigation of two (2) state licensure hospital complaints.</p> <p>Complaint Number: IN00389686- No deficiencies related to allegations are cited.</p> <p>Complaint Number: IN00404929- State deficiency unrelated to the allegation is cited (tag 0926).</p> <p>Facility Number: 005047</p> <p>Survey Date: 05/18/2023</p> <p>QA: 6/6/23</p> <p>IDR Committee met 07/12/2023. No changes.</p>	S 0000		
S 0926 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(1)</p> <p>(b) The nursing service shall have the following:</p> <p>(1) Adequate numbers of licensed registered nurses, licensed practical nurses, and other ancillary personnel necessary for the provision of appropriate care to all patients, as needed, to include the immediate availability of a registered nurse.</p> <p>Based on document review and interview, the hospital failed to have adequate numbers of personnel to provide care to all patients as needed in accordance with their staffing guidelines for 4 (four) of 21 (twenty-one) shifts on the 2N</p>	S 0926	How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.	06/20/2023

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>Progressive Renal Medicine Unit.</p> <p>Findings include:</p> <p>1. Review of the staffing schedules for 2N completed for the following dates 09/05/2021, 09/06/2021, 09/07/2021, 09/08/2021, 09/09/2021, 09/10/2021, and 09/11/2021 indicated the unit lacked documentation of adequate numbers of patient care staff according to 2N Progressive Renal Medicine Staff Matrix as follows:</p> <p>A. According to H #1 staffing matrix, for a patient census of 9 on night shift (1900 hours - 0700 hours) : 3 RNs and 1 PCA are required. On 9/5/2021, patient census was 9 on night shift: 2 RNs and 1 PCA were scheduled. The facility was lacking 1 RN. On 9/7/2021, patient census was 9 on night shift: 3 RNs and 0.5 PCA were scheduled. The facility was lacking 0.5 PCA.</p> <p>B. According to H #1 staffing matrix, for a patient census of 7 on night shift (1900 hours - 0700 hours): 3 RNs and 1 PCA are required. On 9/8/2021, patient census was 7 on night shift: 2 RNs, 1 PCA were scheduled. The facility was lacking 1 RN</p> <p>C. According to H #1 staffing matrix, for a patient census of 8 on night shift (1900 hours - 0700 hours): 3 RNs and 1 PCA are required. On 9/9/2021, patient census was 8 on night shift: 2 RNs, 1 PCA were scheduled. The facility lacked 1 RN.</p> <p>2. On 05/18/2023 at approximately 1400 hours, A1 (Interim Assistant Chief Nursing Officer), provided this surveyor with the staffing</p>		<p><i>Staffing needs are evaluated and adjusted throughout the day to ensure care, treatment, and services are provided by adequate staffing levels and mix based on overall volumes and acuity. Gaps in staffing are escalated to the individual department leaders and the Executive Nursing Leadership including the Associate Chief Nursing Officers & Chief Nursing Officer</i></p> <p>How are you going to prevent the deficiency from recurring in the future? <i>IU Health is committed to providing high quality care and continually evaluates and researches best practice to optimize resources to provide adequate staffing, including staffing mix based on overall volumes and acuity levels. IU Health utilizes supplemental professional staffing, including an internal resource team and external resources, such as travel professionals, as necessary to ensure appropriate staffing levels are sustained.</i></p> <p><i>Overall staffing and gaps are monitored by the Nursing Leadership including the Associate Chief Nursing Officers & Chief Nursing Officer to ensure appropriate staffing levels and mix is provided for all Nursing Services.</i></p>	

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	documentation for the unit 2N; A1 indicated at this time that the staffing for the time reviewed was correct.		Who is going to be responsible for numbers 1 and 2 above; ie., director, supervisor, etc.? <i>The Chief of Nursing is ultimately responsible for nursing care provided, including appropriate staffing levels and mix</i> By what date are you going to have the deficiency corrected? <i>All practices referenced above were in place prior to June 20, 2023</i>		