

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

PRINTED: 09/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/26/2024
NAME OF PROVIDER OR SUPPLIER ASSURANCE HEALTH PSYCHIATRIC HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214		
(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
A 000	INITIAL COMMENTS An immediate jeopardy (IJ) investigation was conducted on June 25, 2024 and June 26, 2024 for complaint IN00437297. The immediate jeopardy began on June 19, 2024 due to the facility's failure to conduct 15 minute checks on patients with negative outcome. The IJ was identified on June 25, 2024 at 42 CFR 482.23 Nursing Services. The IJ was announced at 2:50 p.m. on June 26, 2024 during an exit conference with the Chief Executive Officer and the Regional Quality Manager and was not removed by the facility exit date of June 26, 2024. Complaint Number IN00437488 - Deficiencies cited at A0385 and A0395. Survey Date: 06/25/2024 and 06/26/2024 Facility Number: 013899	A 000			
A 385	QA: NURSING SERVICES CFR(s): 482.23 The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse. This CONDITION is not met as evidenced by: Based on document review and interview, nursing services failed to document 15-minute patient observation checks in 10 out of 10 patient medical records (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10) reviewed with negative outcome for 1 out of 10 patients medical records (Patient 2) reviewed.	A 385			

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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A 385	Continued From page 1	A 385			
A 395	<p>The cumulative effects of these systemic problems resulted in the facility's inability to provide nursing care in a safe manner.</p> <p>RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3)</p> <p>A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, nursing services failed to document 15-minute patient observation checks in 10 out of 10 patient medical records (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10) reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy titled, "Patient Rounding and Observation", Policy No.: NR.23. last revised 03/2024, indicated under Policy: Rounds are to be made on the unit on all patients by the assigned nursing staff at a minimum of every 15 minutes or more frequently as ordered for each 24-hour period. 2. Review of Patient 1's medical record from 06/07/2024 to 06/7/2024, lacked documentation of 659 of 955, 15-minute patient observation checks, including but not limited to, 06/07/2024 at 8:45 p.m., 06/11/2024 at 4:30 a.m., 06/13/2024 at 4:30 p.m., and 06/16/2024 at 10:00 a.m. 3. Review of Patient 2's medical record from 06/12/2024 to 06/19/2024, lacked documentation of 480 of 707, 15-minute patient observation checks, including but not limited to, 06/13/2024 at 	A 395			

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A 395	<p>Continued From page 2</p> <p>8:45 p.m., 06/14/2024 at 7:30 p.m., 06/18/2024 at 8:00 p.m., and 06/19/2024 at 6:45 p.m.. Medical record indicated last 15-minute patient observation check on 06/19/2024 was at 6:31 p.m., Medical record lacked 15-minute patient observations between 6:45 p.m. to 8:30 p.m. on 06/19/2024. At approximately 8:30 p.m. on 06/19/2024, the patient was found in their bed covered in blood from a self-inflicted injury that resulted in the patient removing their left eye from the eye socket and had made an attempt to remove their right eye.</p> <p>4. Review of Patient 3's medical record from 05/20/2024 to 06/06/2024, lacked documentation of 1191 of 1536, 15-minute patient observation checks, including but not limited to, 05/21/2024 at 2:30 a.m., 05/23/2024 at 3:15 p.m., 05/29/2024 at 4:45 a.m., and 06/02/2024 at 2:30 p.m.</p> <p>5. Review of Patient 4's medical record from 05/31/2024 to 06/01/2024, lacked documentation of 83 of 180, 15-minute patient observation checks, including but not limited to, 05/31/2024 at 3:00 a.m., 05/31/2024 at 12:30 p.m., 06/01/2024 at 1:00 a.m., and 06/01/2024 at 5:30 a.m.</p> <p>6. Review of Patient 5's medical record from 06/11/2024 to 06/21/2024, lacked documentation of 698 of 947, 15-minute patient observation checks, including but not limited to, 06/11/2024 at 06/12/2024 at 1:30 a.m., 06/13/2024 at 2:30 p.m., 06/17/2024 at 11:30 p.m., and 06/18/2024 at 1:15 p.m.</p> <p>7. Review of Patient 6's medical record 06/05/2024 to 06/25/2024, lacked documentation of 1283 of 1915, 15-minute patient observation checks, including but not limited to, 06/07/2024 at</p>	A 395			

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A 395	<p>Continued From page 3</p> <p>3:30 a.m., 06/13/2024 at 8:00 p.m., 06/18/2024 at 11:45 a.m., and 06/23/2024 at 12:30 p.m.</p> <p>8. Review of Patient 7's medical record from 06/14/2024 to 06/25/2024, lacked documentation of 682 of 1088, 15-minute patient observation checks, including but not limited to, 06/15/2024 at 5:30 a.m., 06/19/2024 at 7:45 p.m., 06/21/2024 at 4:45 p.m., and 06/24/2024 at 9:30 a.m.</p> <p>9. Review of Patient 8's medical record from 06/18/2024 to 06/25/2024, lacked documentation of 362 of 736, 15-minute patient observation checks, including but not limited to, 6/18/2024 at 5:00 p.m., 06/21/2024 at 8:00 p.m., 06/23/2024 at 6:15 p.m., and 06/24/2024 at 10:00 p.m.</p> <p>10. Review of Patient 9's medical record from 06/18/2024 to 06/25/2024, lacked documentation of 396 of 709, 15-minute patient observation checks, including but not limited to, 06/18/2024 at 10:15 p.m., 06/20/2024 at 1:30 p.m., 06/22/2024 at 5:30 a.m., 06/24/2024 at 9:45 a.m.</p> <p>11. Review of Patient 10's medical record from 06/18/2024 to 06/25/2024, lacked documentation of 333 of 713, 15-minute patient observation checks, including but not limited to, 06/18/2024 at 5:30 p.m., 06/19/2024 at 8:45 p.m., 06/22/2024 at 5:00 a.m., and 06/24/2024 at 10:00 a.m.</p> <p>12. Interview with A2 (Regional Quality Manager) on 06/25/2024 at approximately 1:00 p.m. confirmed that patients 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10's medical record lacked 15-minute patient observation checks as mentioned above.</p>	A 395			