

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 R-C 07/16/2024	
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 This visit was for a Post Survey Revisit (PSR) for the Federal Hospital Complaint survey that was conducted on 06/25/2024. IJ was removed by the facility PSR exit date of 07/15/2024. Complaint Number: IN00437488 - Deficiency related to the allegations cited at A0395. Survey Date: 07/15/2024 and 07/16/2024 Facility Number: 013899 QA: 07/18/2024			{A 000}			
{A 395}	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on document review and interview, nursing services failed to document patient 15-minute observation checks in 5 out of 5 (Patients 1, 2, 3, 4, and 5) medical records reviewed. Findings include: 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			{A 395}			8/23/24
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 395}	<p>Continued From page 1</p> <p>07/14/2024 to 07/15/2024 at 11:00 a.m., lacked documentation of 24 out of 140, 15-minute patient observation checks, including but not limited to: 07/14/2024 at 4:30 p.m., 07/14/2024 at 6:30 p.m., 07/15/2024 at 2:15 a.m., and 07/15/2024 at 5:00 a.m.</p> <p>3. Review of Patient 2's medical record from 07/14/2024 to 07/15/2024 at 11:00 a.m., lacked documentation of 24 out of 140, 15-minute patient observation checks, including but not limited to: 07/14/2024 at 6:45 a.m., 07/14/2024 at 4:15 p.m., 07/15/2024 at 2:15 a.m., and 07/15/2024 at 6:00 a.m.</p> <p>4. Review of Patient 3's medical record on 07/07/2024, lacked documentation of 17 out of 96, 15-minute patient observation checks, including but not limited to: 07/07/2024 at 3:30 a.m., 07/07/2024 at 5:00 a.m., 07/07/2024 at 7:15 p.m., and 07/07/2024 at 8:00 p.m.</p> <p>5. Review of Patient 4's medical record on 07/08/2024, lacked documentation of 12 out of 96, 15-minute patient observation checks, including but not limited to: 07/08/2024 at 1:00 a.m., 07/08/2024 at 2:00 a.m., 07/08/2024 at 10:45 a.m., and 07/08/2024 at 8:15 p.m.</p> <p>6. Review of Patient 5's medical record on 07/09/2024, lacked documentation of 20 of 96, 15-minute patient observation checks, including but not limited to: 07/09/2024 at 1:00 a.m., 07/09/2024 at 8:00 a.m., 07/09/2024 at 4:45 p.m., and 07/09/2024 at 8:00 p.m.</p> <p>7. Interview with A1 (Chief Executive Officer) on 07/15/2024 at approximately 1:25 p.m. confirmed that patients 1, 2, 3, 4, and 5's medical record</p>			{A 395}			

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{A 395}	Continued From page 2 lacked 15-minute patient observation checks as mentioned above.	{A 395}			