PRINTED:	02/19/2021
FORM APP	PROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 150017 B. WING 02/01/2021 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 7950 W JEFFERSON BLVD LUTHERAN HOSPITAL OF INDIANA FORT WAYNE. IN 46804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE S 0000 Bldg. 00 S 0000 The visit was for investigation of a State licensure hospital complaint. Complaint Number: IN00289466 Unsubstantiated: Lack of sufficient evidence. Deficiencies unrelated to the allegations are cited. Survey Date: 2/1/2021 Facility Number: 005016 QA: 2/9/21 S 0256 410 IAC 15-1.4-1 **GOVERNING BOARD** Bldg. 00 410 IAC 15-1.4-1(a)(2)(A)(B) (a) The Governing Board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following: (2) Ensure that the hospital: (A) meets all rules and regulations for licensure and certification, if applicable; and (B) makes available to the commissioner upon request all reports, records, minutes, documentation,

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

information, and files required for

licensure.

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-039 (X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 150017			r í	JILDING	00	(-)	LETED	
			B. W.			02/01/2021		
				STREET	ADDRESS, CITY, STATE, ZIP COD			
	PROVIDER OR SUPPLIE							
LUTHER	AN HOSPITAL OF	INDIANA		FORT	WAYNE, IN 46804			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETIC	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	Based on interview	v, the governing body failed to	S 02	256			02/12/20	
	ensure all reports,	records, documentation and			Allegation/Concern: ISDH Ta	g		
	information required for licensure were made				A1520 requires the hospital to	C		
	available upon req	uest to the commissioner and			have a patient control registe	r. The		
	the commissioner's	s representative, the surveyor,			hospital was unable to generate	ate a		
	for one Emergency	Department (ED) patient			Patient Register for the dates	i		
	control register.				1-4-19 through 1-6-19 indicat	ing		
					the medical record			
	Findings include:				number/encounter number, th	ne		
					patient's name, the chief			
	1. On 2-1-21 at 11	00 hours, the Chief Quality			complaint and/or diagnosis, t	he		
	Officer A1 and the	Quality Manager A2 were			ED arrival time and disposition	on		
	requested verbally	and in writing to provide an ED			from their previous McKessor	า		
	patient control reg	ister for the dates from 1-4-19			(STAR) Electronic Health Re			
	through 1-6-19 ind	icating, not limited to, the			System during the time the			
	-	e and time of arrival to ED, the			surveyor was in the building f	rom		
	-	nber/encounter number, the			11:10 am through 4:55 pm.			
		chief complaint and/or			This plan addresses Tag 256	&		
	-	Disposition (discharged,			Tag 1530.			
	-	ed, expired, assigned to			How will you correct the defic	iencv		
		n order to (a) select a sample list			and by what date?	,		
		nilar diagnoses and to (b)			Hospital leadership recognize	ed		
	-	, timing and significance of the			that there is a need to have a			
		in the ED and/or waiting to be			process in place that would e	nable		
	seen at the time of				our ability to provide a patien			
					register from our sunsetted			
	2. Review of the 2	9 day ED patient control			McKesson software in a time	lv		
		n 2-1-21 at 1528 hours in			manner. Two opportunities w	•		
		ove request failed to indicate			identified: 1) the notification a			
	-	admitted to the hospital and/or			activation process to request			
	transferred to anot	her facility and/or expired in the			patient register report, and 2)			
		first ED medical record (Patient			generation of the report in a t			
	#1) selected to rev				manner.	-		
	2 On 2 1 21 at 14	20 hours staff 12 confirmed the			1.Under the direction of the			
		30 hours, staff A2 confirmed the			Chief Medical Information Se	ivices		
		ister provided in response to a			Officer, the Lutheran Health			
	-	urs failed to indicate the time			Network Information Systems			
	-	d to the ED, or indicate any			team developed an Information			
	-	seen in the ED and (a) admitted			Services key contact list that	was		
	to the hospital, (b)	transferred to another facility,			distributed on 2-3-21.		1	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 150017		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED 02/01/2021	
	PROVIDER OR SUPPLIE		7950	ET ADDRESS, CITY, STATE, ZIP COD W JEFFERSON BLVD T WAYNE, IN 46804	•	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY) 2.An interdisciplinary team on 2-5-21 to establish a pro- to ensure timely generation patient control register. It was determined that IT will gene these reports for 2014 throug March 2019 when the McKe (STAR) Electronic Health Re System was discontinued. How are you going to preve deficiency in the future? The reports for 2014 throug March 2019 when the McKe (STAR) Electronic Health Re Systems was sunsetted will placed in a common file their providing immediate access information. From March 19 forward, our ED via our Cern EHR is able to readily gene the patient register upon del Who (title) is going to be responsible? The Chief Medical Informati Officer is responsible to ens the IS Contact List is update distributed when changes of The Chief Medical Informati Officer is responsible to ens sustainment of the establish process for timely access to patient control register. By what date are you going have the deficiency corrected The reports were generated placed in a common file on 2-12-21.	ERIATE To met access of the as rate gh esson ecord the esson ecord be reby to the , 2019 her rate mand. on ure ed and ccur. on ure ed the to the the to the to the the the	(X5) COMPLETIC DATE

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AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILD 150017 B. WING		NG	<u></u>		LETED	
	PROVIDER OR SUPPLIE			7950 V	ADDRESS, CITY, STATE, ZIP COD V JEFFERSON BLVD WAYNE, IN 46804		
(X4) ID	SUMMAR	Y STATEMENT OF DEFICIENCIE		ID			(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	_	COMPLETION
TAG	REGULATORY O	OR LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
S 1530	410 IAC 15-1.6-2	2					
	EMERGENCY S	ERVICE					
Bldg. 00	410 IAC 15-1.6-2	2 (b)(7)					
	(b) The emergen the following:	icy service shall have					
	 (7) A patient con Based on document hospital failed to r individual that con Department) seeki including docume patient received tr was stabilized and or admitted to the medical records (N Findings include: 1. Review of the p Emergency Medic Transfer - EMTAI embedded link to CHSPSC Emergen Patient Transfer P indicated the follo the Hospital main present to the Hos medical assistance individuals, wheth was transferred, w stabilized and tran purpose of the Cen provided to each i hospital seeking c Condition." 	trol register. nt review and interview, the naintain a central log of each nes to the ED (Emergency ing assistance and medical care ntation indicating whether the eatment and was discharged, or It ransferred to another facility, facility and treated for 1 of 5 MR) reviewed (Patient #1). policy/procedure 3.11.15 ral Treatment and Patient LA (approved 2-20) and the the corporate policy titled ncy Medical Treatment and olicy.29.2.docx (revised 9-13) wing: "Central Log means a log tains of all individuals who pital seeking emergency e and the disposition of such ter the person refused treatment, ras admitted and treated, was asferred, or discharged. The ntral Log is to track the care ndividual who comes to the are for an Emergency Medical 100 hours, the Chief Quality e Quality Manager A2 were	S 15	530	Allegation/Concern: ISDH Tag A1520 requires the hospital to have a patient control register. hospital was unable to generate Patient Register for the dates 1-4-19 through 1-6-19 indicatin the medical record number/encounter number, the patient's name, the chief complaint and/or diagnosis, the ED arrival time and disposition from their previous McKesson (STAR) Electronic Health Reco System during the time the surveyor was in the building fro 11:10 am through 4:55 pm. This plan addresses Tag 256 & Tag 1530. How will you correct the deficie and by what date? Hospital leadership recognized that there is a need to have a process in place that would ena our ability to provide a patient register from our sunsetted McKesson software in a timely manner. Two opportunities wer identified: 1) the notification and activation process to request th patient register report, and 2) th generation of the report in a tim	e a g wrd wm ncy able e d ne	02/12/202

DEPARTMENT OF HEALTH AND HUMAN SERVICES	
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STATEME	R MEDICARE & MEDI	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150017	(X2) MULTIPLE C A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 02/01/2021
	PROVIDER OR SUPPLIE		7950 V	ADDRESS, CITY, STATE, ZIP CO V JEFFERSON BLVD WAYNE, IN 46804	DD
LUTHEF (X4) ID PREFIX TAG	SUMMARY (EACH DEFICIE REGULATORY C requested verbally Patient Log for the 1-6-19. 3. Review of the C at 1528 hours in re failed to indicate t and/or any patient hospital and/or tra and/or indicate the to review.	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION and in writing to provide an ED e dates from 1-4-19, 1-5-19 & Central Log provided on 2-1-21 esponse to the above request he time of arrival for any patient who was admitted to the nsferred to another facility e first MR (Patient #1) selected 530 hours, staff A2 confirmed the	FORT ID PREFIX TAG	WAYNE, IN 46804 PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE AF DEFICIENCY) manner. 1. Under the direction Chief Medical Information Officer, the Lutheran He Network Information Sy team developed an Info Services key contact lis distributed on 2-3-21. 2. An interdisciplinary on 2-5-21 to establish a to ensure timely general patient control register. determined that IT will g these reports for 2014 th March 2019 when the I (STAR) Electronic Heal System was discontinue How are you going to p deficiency in the future? The reports for 2014 th March 2019 when the I (STAR) Electronic Heal Systems was sunsetter placed in a common file providing immediate ac information. From Marc forward, our ED via our EHR is able to readily g the patient register upon	OULD BE OPROPRIATE COMPLETIO DATE of the on Services ealth restems ormation it that was DATE of the on Services ealth restems ormation th Record ed. revent the rough McKesson th Record d will be eathereby cess to the h 19, 2019 Cerner generate CompLetion DATE
				Who (title) is going to be responsible? The Chief Medical Infor Officer is responsible to the IS Contact List is up distributed when chang The Chief Medical Infor Officer is responsible to sustainment of the esta process for timely acces patient control register.	mation o ensure odated and es occur. mation o ensure blished

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	ROVIDER OR SUPPLIE		B. WI	STREET 4 7950 W	ADDRESS, CITY, STATE, ZIP COD / JEFFERSON BLVD WAYNE, IN 46804	02/01	/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	ATE	(X5) COMPLETION DATE
					By what date are you going to have the deficiency corrected The reports were generated a placed in a common file on 2-12-21.	?	