

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

PRINTED: 02/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154057		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2021	
NAME OF PROVIDER OR SUPPLIER OPTIONS BEHAVIORAL HEALTH SYSTEM				STREET ADDRESS, CITY, STATE, ZIP CODE 5602 CAITO DRIVE INDIANAPOLIS, IN 46226			
(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 the investigation of a federal hospital complaint. Complaint Number: IN00345388 Unsubstantiated: Lack of sufficient evidence. Deficiency unrelated to allegation cited. Date of Survey: 01/14/21 Facility Number: 012773			A 000			
A 398	QA: 1/21/21 SUPERVISION OF CONTRACT STAFF CFR(s): 482.23(b)(6) All licensed nurses who provide services in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of all nursing personnel which occur within the responsibility of the nursing service, regardless of the mechanism through which those personnel are providing services (that is, hospital employee, contract, lease, other agreement, or volunteer). This STANDARD is not met as evidenced by: Based on document review and interview, Nursing Administration failed to ensure completion of CPI (Crisis Prevention Intervention) training in 6 of 14 (N5, N6, N8, N11, N12 and N14) personnel files reviewed. Findings Include: 1. Review of policy titled: Restraint for Inpatient			A 398			3/18/21

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

TITLE

(X6) DATE

02/22/2021

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 398	<p>Continued From page 1</p> <p>Acute Programs last Revised 01/2019 indicated under Staff Training that "...staff will be required to demonstrate competency in the use of CPI on a semiannual basis".</p> <p>2. Review of Personnel files indicated that 6 of 14 personnel files reviewed lacked documentation of current CPI due every 6 months: N5 and N6 (each a Registered Nurse), N8 (Intake Coordinator), N11, N12 and N14 (each a Behavioral Health Assistant/Technician [BHA/BHT]).</p> <p>3. Interview on 01/14/21 at 3:15 pm with P50 confirmed lack of current CPI training in N5, N6, N8, N11, N12 and N14's personnel files.</p>			A 398			