

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154064	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER ASSURANCE HEALTH PSYCHIATRIC HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 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 0000 Bldg. 00	<p>This visit was for an investigation of a Federal Hospital Complaint.</p> <p>Complaint Number: IN00437847 - Deficiency related to the allegations is cited at A0154.</p> <p>Survey Date: 7/10/2024</p> <p>Facility Number: 013899</p> <p>QA: 07/16/2024</p>	A 0000		
A 0154 Bldg. 00	<p>482.13(e) USE OF RESTRAINT OR SECLUSION</p> <p>Patient Rights: Restraint or Seclusion. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.</p> <p>Based on document review, observation, and interview, the facility failed to ensure the patient the right to be from restraint for 1 of 10 (Patient 8) patient medical records reviewed.</p> <p>Findings include:</p> <p>1. Facility policy titled, "Psychiatric Patient Rights", Policy No. RE16, last reviewed 03/2023, indicated Under Procedure, 10. Be free from restraint or seclusion unless there is imminent risk</p>	A 0154	<p>In order to correct this deficiency and ensure this incident does not occur again, nursing staff received education on Recognizing and Reporting Suspected Abuse/Neglect Exploitation Policy, Restraint and Seclusion Policy, and the Neglect and Abuse Test. All other hospital staff, including Activities, Social Workers, kitchen and facilities, received Recognizing and</p>	09/12/2024

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

TITLE

(X6) DATE

Mikah

Duncan

08/12/2024

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>of physical harm to self or others.</p> <p>2. Review of Patient 8's medical record indicated the provider ordered 1:1 observation on 06/18/2024 due to patient's high risk of fall.</p> <p>3. Review of video surveillance on 06/26/2024 indicated at approximately at 2:43 p.m., S1 (Certified Nursing Assistant) was caring for Patient 8. Video surveillance confirmed S1 held patient 8 down in chair, by placing their hands on the shoulders of the patient. Video confirmed S1 repeatedly forced the patient to stay seated in the chair. S1 then placed the patient in the chair and pinned the patient between the wall and the table where the patient was unable to stand, restraining the patient to the chair.</p> <p>4. Review of photo from video surveillance on 06/26/2024 indicated at approximately 6:30 p.m., patient 8 was seated in a chair that was pushed up against the edge of a table, placing the patient between the chair and table. A separate chair had been placed up against the back of the chair, back-to-back, to patient 8's chair patient 8. S2 (Certified Nursing Assistant) sat in the chair that was to the back of patient 8's chair restraining the patient from getting up from their chair.</p> <p>5. Review of S6 (Licensed Practical Nurse) investigation written statement dated 06/29/2024, confirmed restraint incident of patient 8 by S2 as indicated above.</p> <p>6. Review of S3 (CNA) investigation written statement dated 06/28/2024, confirmed restraint incident of patient 8 by S1 as indicated above.</p> <p>7. Interview with A2 (Regional Quality Manager) on 07/10/2024 at approximately 2:25 p.m.,</p>		<p>Reporting Suspected Abuse/Neglect Exploitation Policy and the Abuse and Neglect test to ensure proper communication of any suspected abuse. DON and CEO ensure education was completed throughout the hospital and use the education to create an environment where staff feel comfortable communicating any concerns of abuse or use of excessive force, and/or work fatigue that could lead to inappropriate interactions with patients.</p> <p>In addition to the above education, the Charge Nurse or the DON will sign a form stating "I confirm I have observed the staff on this unit and found to the best of my knowledge that no abuse, use of excessive force, or unprescribed use of restraint/seclusion has occurred on my shift. If I suspect that abuse or unnecessary use of restraint/seclusion has occurred, I will report it immediately to my DON." This form will be completed daily by each shift for thirty days. The DON is responsible for this plan of correction.</p>	

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	confirmed the incidents above occurred through video surveillance and written witness statements.			