

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

PRINTED: 04/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150051		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/11/2024	
NAME OF PROVIDER OR SUPPLIER IU HEALTH BLOOMINGTON HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 2651 EAST DISCOVERY PARKWAY BLOOMINGTON, IN 47408			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00424873 - State deficiency unrelated related to the allegation is cited at 1522.</p> <p>Date of survey: 3/11/2024</p> <p>Facility Number: 005047</p> <p>QA: 3/19/24</p>			S 0000			
S 1522 Bldg. 00	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2 (b)(5)(A)(B)</p> <p>(b) The emergency service shall have the following:</p> <p>(5) Adequate qualified medical and nursing personnel available to meet the needs anticipated by the facility in accordance with 410 IAC 15-1.4-1 and 410 IAC 15-1.5-6, which includes, but is not limited to, the following:</p> <p>(A) A registered nurse on duty and available to patients presenting with an emergency condition, on a twenty-four (24) hour per day, seven (7) day per week basis.</p> <p>(B) A physician available at all times in accordance with 410 IAC 15-1.4 (d) (3) and attending to patients with an emergency condition.</p> <p>Based on document review and interview the</p>			S 1522	Corrective Action:		04/15/2024

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

TITLE

(X6) DATE

Stephanie Grace, BSN, RN, CPHQ

SCR Accreditation & Regulatory Consultant

04/19/2024

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 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 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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	<p>facility failed to provide documented education of Emergency Severity Index (ESI) level 5 training in 2 of 4 nursing personnel files reviewed (N1 and N2).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy, titled Emergency Department Triage, no policy number, publication date 10/30/23, indicated all patients presenting to the Emergency Department (ED) should be triaged by a registered nurse (RN) whom is Advanced Cardiac Life Support (ACLS) certified and has completed ESI level 5 triage education. 2. Review of personnel files indicated a lack documented ESI level 5 triage education for N1 (RN) and N2 (RN). 3. In interview on 3/11/24 at approximately 3:30 pm, A14 (Nursing Professional Development Manager) verified no ESI level 5 training documents available for N1 (RN) and N2 (RN). 4. In interview on 3/11/24 at approximately 4:38 pm, A11 (ED Nursing Manager) verified N1 (RN) and N2 (RN) worked in triage. 				<p>How are you going to correct the deficiency <i>ED Triage Policy and Competency Assessment Tool were revised to align with the educational and competency requirements for an ED Triage Nurse. Education, including Emergency Severity Index (ESI) for identified nurses, including agency nursing staff, who will be functioning in a triage nurse role, will be provided during orientation and onboarding activities.</i></p> <p>How are you going to prevent the deficiency from recurring in the future (monitoring/auditing process)? <i>Agency Nursing files will be reviewed by Nursing Leadership (ED Clinical Nursing Managers/Director and Nursing Professional Development Manager/Director) to ensure onboarding education and competency requirements, including the triage process and ESI training, have been completed and documented on identified nursing team members, prior to working as an ED Triage Nurse.</i></p> <p>Who is going to be responsible for numbers 1 and 2 above; ie., director, supervisor, etc.? <i>Associate Chief Nursing Officer-Practice</i></p> <p><i>All corrective actions were</i></p>		

