

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

PRINTED: 02/25/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2025	
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH				STREET ADDRESS, CITY, STATE, ZIP COD 1701 N SENATE BLVD INDIANAPOLIS, IN 46202			
(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
A 0000 Bldg. 00	<p>This visit was for an investigation of a Federal Hospital Complaint.</p> <p>Complaint Number IN00451988 - Deficiencies related to the allegations are cited at A0395.</p> <p>Survey Dates: 02/03/2025 & 02/04/2025</p> <p>Facility Number: 005051</p> <p>QA: 02/07/2025</p>			A 0000			
A 0395 Bldg. 00	<p>482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>Based on document review and interview, nursing services failed to document patient turn/repositioning or document how the patient was positioned to prevent pressure injury in 1 out of 10 patient (Patient 4) medical records reviewed.</p> <p>Findings include:</p> <p>1. Facility policy titled Protocol for Adult Skin and Wound Care, last publication date 06/24/2024, indicated under IV. PROTOCOL STATEMENTS, c. The protocol provides interventions to prevent or manage common clinical problems such as moisture associated skin damage, pressure injuries, and chronic wounds. Under HAPI - Skin Wound Algorithm, Is the patient at high risk for pressure injuries? Risk factors; Braden score greater than or less than 18 or sub scale greater than or less than 2, Yes, under</p>			A 0395	<p>p paraid="267929993" paraeid="{81a027fe-1e45-4e1d-b2f3-106a6d676e66}{242}" >1. Correction of the deficiency/Who is responsible (by title) /date of correction:</p> <p>Date of Correction 2/21/2025 Director Nursing Practice</p> <p>Education Slide and Visual management "Fragile as a Peach" implemented across all inpatient units on 2/17/2025 utilizing daily unit huddles and weekly email updates:</p>		02/21/2025

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

TITLE

(X6) DATE

Jennifer Lynn Conrad

Accreditation and Regulatory

02/21/2025

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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	<p>Repositioning/Mobility: Turn/repositioning/reposition frequently according to patient condition. Under HAPI Skin Wound Treatment Algorithm under Unstageable, Relieve all pressure to area.</p> <p>2. Review of Patient 4's medical record indicated the following: a. The patient was admitted on 01/11/2024 and the medical record indicated the patient did not have a pressure injury or wound present upon admission. b. On 01/11/2025, the Braden score was 9; the medical record lacked documentation of patient turn/repositioning/repositioning at 7:02 p.m. c. On 01/13/2025, the Braden score was 14; the medical record indicated in the patient's turn/repositioning flowsheet that the patient required complete assistance but lacked documentation of how the patient was repositioned to prevent pressure injuries at 8:00 a.m., 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., and 6:00 p.m. The Pressure Injury Assessment flowsheet indicated at 4:00 p.m. the patient had a deep tissue pressure injury. The wound note per physical therapy indicated the patient had a deep tissue pressure ulcer to the right buttock/coccyx. d. On 01/15/2025, the Braden score was 14; the medical record lacked documentation of patient turn/repositioning/repositioning at 6:00 a.m. e. On 01/16/2025, the Braden score was 13; the medical record indicated in the patient turn/repositioning flowsheet that the patient required complete assistance but lacked documentation of how the patient was repositioned to prevent pressure injuries at 8:00 a.m., 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., and 6:00 p.m. f. On 01/19/2025, the Braden score was 17; the patient's turn/repositioning flowsheet indicated the patient was turn/repositioning at 9:00 a.m.,</p>				<p>Skin Fair and Competency check offs will occur March 24 and conclude April 2, 2025, with opportunities for all shifts. Identified inpatient team members are required to attend and pass a competency assessment.</p> <p>Email notification and mentions (flyer attached) on unit daily huddles about the Skin Fair was shared with team members beginning 2/17/2025.</p> <p>Prevention of the deficiency:</p> <p>The mandatory Skin Fair and competency check off will collect attendance for a goal of 100% compliance for all assigned team members. Team members who are on FMLA or extended leave of absence will be required to complete a review of the materials presented at the Skin Fair and complete a competency assessment prior to their first shift.</p> <p>p paraid="1849904740" paraeid="{41fe957f-69aa-4a98-8f3f-02b7e13235ee}">To track compliance with the required elements of the skin protocol a documentation audit form was amended to include the following questions:</p>		

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	<p>next turn/repositioning was documented at 11:52 a.m., 52 minutes late and medical record lacked documentation of patient turn/repositioning/repositioning at 7:00 p.m.</p> <p>g. On 01/20/2025, the Braden score was 17; the medical record lacked documentation of patient turn/repositioning at 11:00 a.m., 1:00 p.m., 3:00 p.m., and 5:00 p.m., and 7:00 p.m.</p> <p>h. On 01/22/2025, the Braden score was 14 for the day shift; the medical record lacked documentation of patient turn/repositioning at 8:00 a.m., 1:00 p.m., 3:00 p.m. The Braden score for the night shift was 17; the medical record lacked documentation of patient turn/repositioning at 8:00 p.m., and 10:00 p.m.</p> <p>i. On 01/23/2026 The Braden score was 17 from the night shift; the medical record lacked documentation of patient turn/repositioning at 12:00 a.m., 2:00 a.m., 4:00 a.m., 6:00 a.m. The Braden score for the day shift was 14; the medical record lacked documentation of patient turn/repositioning at 8:00 a.m., 10:00 a.m. The medical record indicated the patient's position was not changed, and patient remained on their back at 12:00 p.m., 2:00 p.m., 4:00 p.m., and 6:00 p.m.</p> <p>j. On 01/24/2025, the Braden score was 16 for day shift; the medical record indicated the patient's position was not changed, and patient remained on their back at 9:00 a.m., 11:00 a.m., 1:00 p.m., 3:00 p.m., 5:00 p.m. The Braden score was 17 for night shift; the medical record lacked documentation of patient turn/repositioning at 7:00 p.m. and indicated the patient's position was not changed, and patient remained on their back at 8:00 p.m., and 10:00 p.m.</p> <p>k. On 01/25/2025, the Braden sore was 17 for night shift; the medical record indicated the patient's position was not changed, and patient remained on their back at 12:00 a.m., 2:00 a.m., 4:00 a.m., and 6:00 a.m. The Braden score was 16; the medical</p>				<p>SKIN INSPECTION: Skin and Wound Protocol Initiated? (Yes/No)</p> <p>KEEP MOVING: was the patient turned appropriately (Q2 hours for at risk patients) and turns documented appropriately? (Yes/No)</p> <p>Patients who are at risk for breakdown must have the direction they are turned documented EX: left, right, back (not for ICU level of care)</p> <p>Documentation audits will be completed on 10 patients weekly with a Braden 18 or less until 100% compliance is reached for two consecutive weeks on the questions related to the skin protocol listed above then, at a minimum monthly through NDNQI Skin prevalence day and unit tracers.</p> <p>When missed opportunities with documentation are identified feedback will be given to the RN responsible for the care.</p>		

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S 0000	<p>record lacked documentation of patient turn/repositioning at 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., and 6:00 p.m.</p> <p>l. On 01/26/2025, the Braden score was 14 for day and night shift; the medical record lacked documentation of patient turn/repositioning at 8:00 a.m., 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., 6:00 p.m., 8:00 p.m., and 10:00 p.m.</p> <p>m. On 01/27/2025 the Braden score was 14 for night shift; the medical record lacked documentation of patient turn/repositioning at 12:00 a.m., 2:00 a.m., and 5:00 a.m. The Braden Score was 17 for day shift; the medical record indicated the patient's position was not changed, and patient remained on their back at 7:00 a.m., 9:00 a.m. and lacked documentation of patient turn/repositioning at 11:00 a.m.</p> <p>3. Interview with A6 (Clinical Nurse Specialist) on 02/04/2025 at 1:15 p.m. indicated the following:</p> <p>a. If the patient's Braden score is 18 or less, the patient is repositioned every two hours. Staff should document the position of the patient and how the patient was turn/repositioning. This documentation assists the staff on how the patient was previously repositioned, ensuring that the patient repositioned with each turn/repositioning to assist with prevention of pressure injury. Staff can document that the patient refused to reposition.</p> <p>b. Confirmed the findings related to Patient 4, which included lack of documentation of turn/repositioning, documentation of the patient's reposition, and documentation that the patient's position was not changed, and patient had remained on their back.</p>						

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Bldg. 00	<p>This visit was for an investigation of a State Licensure Hospital Complaint.</p> <p>Complaint Number IN00451988 - Deficiencies related to the allegations are cited at S0930.</p> <p>Survey Dates: 02/03/2025 & 02/04/2025</p> <p>Facility Number: 005051</p> <p>QA: 02/07/2025</p>			S 0000			
S 0930 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and interview, nursing services failed to document patient turn/repositioning or document how the patient was positioned to prevent pressure injury in 1 out of 10 patient (Patient 4) medical records reviewed.</p> <p>Findings include:</p> <p>1. Facility policy titled Protocol for Adult Skin and Wound Care, last publication date 06/24/2024, indicated under IV. PROTOCOL STATEMENTS, c. The protocol provides interventions to prevent or manage common clinical problems such as moisture associated skin damage, pressure injuries, and chronic wounds. Under HAPI - Skin</p>			S 0930	<p>p paraid="267929993" paraeid="{81a027fe-1e45-4e1d-b2f3-106a6d676e66}{242}" >1. Correction of the deficiency/Who is responsible (by title) /date of correction:</p> <p>Date of Correction 2/21/2025 Director Nursing Practice</p> <p>Education Slide and Visual management "Fragile as a Peach" implemented across all inpatient units on 2/17/2025 utilizing daily unit huddles and weekly email</p>		02/21/2025

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	<p>Wound Algorithm, Is the patient at high risk for pressure injuries? Risk factors; Braden score greater than or less than 18 or sub scale greater than or less than 2, Yes, under Repositioning/Mobility: Turn/repositioning/reposition frequently according to patient condition. Under HAPI Skin Wound Treatment Algorithm under Unstageable, Relieve all pressure to area.</p> <p>2. Review of Patient 4's medical record indicated the following:</p> <p>a. The patient was admitted on 01/11/2024 and the medical record indicated the patient did not have a pressure injury or wound present upon admission.</p> <p>b. On 01/11/2025, the Braden score was 9; the medical record lacked documentation of patient turn/repositioning/repositioning at 7:02 p.m.</p> <p>c. On 01/13/2025, the Braden score was 14; the medical record indicated in the patient's turn/repositioning flowsheet that the patient required complete assistance but lacked documentation of how the patient was repositioned to prevent pressure injuries at 8:00 a.m., 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., and 6:00 p.m. The Pressure Injury Assessment flowsheet indicated at 4:00 p.m. the patient had a deep tissue pressure injury. The wound note per physical therapy indicated the patient had a deep tissue pressure ulcer to the right buttock/coccyx.</p> <p>d. On 01/15/2025, the Braden score was 14; the medical record lacked documentation of patient turn/repositioning/repositioning at 6:00 a.m.</p> <p>e. On 01/16/2025, the Braden score was 13; the medical record indicated in the patient turn/repositioning flowsheet that the patient required complete assistance but lacked documentation of how the patient was repositioned to prevent pressure injuries at 8:00 a.m., 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., and</p>				<p>updates:</p> <p>Skin Fair and Competency check offs will occur March 24 and conclude April 2, 2025, with opportunities for all shifts. Identified inpatient team members are required to attend and pass a competency assessment.</p> <p>Email notification and mentions (flyer attached) on unit daily huddles about the Skin Fair was shared with team members beginning 2/17/2025.</p> <p>Prevention of the deficiency:</p> <p>The mandatory Skin Fair and competency check off will collect attendance for a goal of 100% compliance for all assigned team members. Team members who are on FMLA or extended leave of absence will be required to complete a review of the materials presented at the Skin Fair and complete a competency assessment prior to their first shift.</p> <p>p paraid="1849904740" paraeid="{41fe957f-69aa-4a98-8f3f-02b7e13235ee}{124}" >To track compliance with the required elements of the skin protocol a</p>		

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	<p>6:00 p.m.</p> <p>f. On 01/19/2025, the Braden score was 17; the patient's turn/repositioning flowsheet indicated the patient was turn/repositioning at 9:00 a.m., next turn/repositioning was documented at 11:52 a.m., 52 minutes late and medical record lacked documentation of patient turn/repositioning/repositioning at 7:00 p.m.</p> <p>g. On 01/20/2025, the Braden score was 17; the medical record lacked documentation of patient turn/repositioning at 11:00 a.m., 1:00 p.m., 3:00 p.m., and 5:00 p.m., and 7:00 p.m.</p> <p>h. On 01/22/2025, the Braden score was 14 for the day shift; the medical record lacked documentation of patient turn/repositioning at 8:00 a.m., 1:00 p.m., 3:00 p.m. The Braden score for the night shift was 17; the medical record lacked documentation of patient turn/repositioning at 8:00 p.m., and 10:00 p.m.</p> <p>i. On 01/23/2026 The Braden score was 17 from the night shift; the medical record lacked documentation of patient turn/repositioning at 12:00 a.m., 2:00 a.m., 4:00 a.m., 6:00 a.m. The Braden score for the day shift was 14; the medical record lacked documentation of patient turn/repositioning at 8:00 a.m., 10:00 a.m. The medical record indicated the patient's position was not changed, and patient remained on their back at 12:00 p.m., 2:00 p.m., 4:00 p.m., and 6:00 p.m.</p> <p>j. On 01/24/2025, the Braden score was 16 for day shift; the medical record indicated the patient's position was not changed, and patient remained on their back at 9:00 a.m., 11:00 a.m., 1:00 p.m., 3:00 p.m., 5:00 p.m. The Braden score was 17 for night shift; the medical record lacked documentation of patient turn/repositioning at 7:00 p.m. and indicated the patient's position was not changed, and patient remained on their back at 8:00 p.m., and 10:00 p.m.</p> <p>k. On 01/25/2025, the Braden sore was 17 for night</p>				<p>documentation audit form was amended to include the following questions:</p> <p>SKIN INSPECTION: Skin and Wound Protocol Initiated? (Yes/No)</p> <p>KEEP MOVING: was the patient turned appropriately (Q2 hours for at risk patients) and turns documented appropriately? (Yes/No)</p> <p>Patients who are at risk for breakdown must have the direction they are turned documented EX: left, right, back (not for ICU level of care)</p> <p>Documentation audits will be completed on 10 patients weekly with a Braden 18 or less until 100% compliance is reached for two consecutive weeks on the questions related to the skin protocol listed above then, at a minimum monthly through NDNQI Skin prevalence day and unit tracers.</p> <p>When missed opportunities with documentation are identified feedback will be given to the RN responsible for the care.</p>		

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	<p>shift; the medical record indicated the patient's position was not changed, and patient remained on their back at 12:00 a.m., 2:00 a.m., 4:00 a.m., and 6:00 a.m. The Braden score was 16; the medical record lacked documentation of patient turn/repositioning at 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., and 6:00 p.m.</p> <p>l. On 01/26/2025, the Braden score was 14 for day and night shift; the medical record lacked documentation of patient turn/repositioning at 8:00 a.m., 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., 6:00 p.m., 8:00 p.m., and 10:00 p.m.</p> <p>m. On 01/27/2025 the Braden score was 14 for night shift; the medical record lacked documentation of patient turn/repositioning at 12:00 a.m., 2:00 a.m., and 5:00 a.m. The Braden Score was 17 for day shift; the medical record indicated the patient's position was not changed, and patient remained on their back at 7:00 a.m., 9:00 a.m. and lacked documentation of patient turn/repositioning at 11:00 a.m.</p> <p>3. Interview with A6 (Clinical Nurse Specialist) on 02/04/2025 at 1:15 p.m. indicated the following:</p> <p>a. If the patient's Braden score is 18 or less, the patient is repositioned every two hours. Staff should document the position of the patient and how the patient was turn/repositioning. This documentation assists the staff on how the patient was previously repositioned, ensuring that the patient repositioned with each turn/repositioning to assist with prevention of pressure injury. Staff can document that the patient refused to reposition.</p> <p>b. Confirmed the findings related to Patient 4, which included lack of documentation of turn/repositioning, documentation of the patient's reposition, and documentation that the patient's position was not changed, and patient had</p>						

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	remained on their back.						