PRINTED: 02/25/2025

	r of health and hui R medicare & medic						RM APPROVED IB NO. 0938-039
	TEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION  PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00  B. WING			(X3) DATE SURVEY COMPLETED 02/03/2025			
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD SENATE BLVD		
INDIANA	INDIANA UNIVERSITY HEALTH			INDIAN	NAPOLIS, IN 46202		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
A 0000	REGULATION	LEGE IDENTIFIED IN ORDERTOR		1710			BATE
Bldg. 00	This visit was for a Hospital Complaint	n investigation of a Federal	A 0	000			
	related to the allega	IN00451988 - Deficiencies tions are cited at A0395.  3/2025 & 02/04/2025					
	QA: 02/07/2025						
A 0395 Bldg. 00	A registered nurse evaluate the nursi Based on document services failed to do turn/repositioning of was positioned to p.	N OF NURSING CARE e must supervise and ng care for each patient.  review and interview, nursing becument patient or document how the patient revent pressure injury in 1 out at 4) medical records reviewed.	A 0	395	p paraid="267929993" paraeid="{81a027fe-1e45-4e1 3-106a6d676e66}{242}" >1. Correction of the deficiency/W is responsible (by title) /date o correction:	/ho	02/21/2025
	Wound Care, last p indicated under IV. c. The protocol proor manage common moisture associated	led Protocol for Adult Skin and ublication date 06/24/2024, PROTOCOL STATEMENTS, vides interventions to prevent a clinical problems such as skin damage, pressure c wounds. Under HAPI - Skin			Date of Correction 2/21/2025 Director Nursing Practice  Education Slide and Visual management "Fragile as a Peimplemented across all inpatie units on 2/17/2025 utilizing daunit huddles and weekly email	ent ily	

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

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

TITLE

(X6) DATE

Jennifer Lynn Conrad

Accreditation and Regulatory

updates:

02/21/2025

Any defiencystatement 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.

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING <u>00</u>			COMPLETED		
	150056		B. WING 02/03/2025			/2025	
				CTREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	₹			SENATE BLVD		
INIDIANA	UNIVERSITY HEA	J TU			APOLIS, IN 46202		
INDIANA	UNIVERSITT HEA	AL I FI		INDIAN	APOLIS, IN 40202		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Repositioning/Mob	ility:			Skin Fair and Competency ch	eck	
		reposition frequently			offs will occur March 24 and		
		t condition. Under HAPI Skin			conclude April 2, 2025, with		
	Wound Treatment	Algorithm under Unstageable,			opportunities for all shifts.		
	Relieve all pressure	e to area.			Identified inpatient team mem	bers	
					are required to attend and pas	ss a	
	2. Review of Patier	nt 4's medical record indicated			competency assessment.		
	the following:						
	a. The patient was a	admitted on 01/11/2024 and the			Email notification and mention	ıs	
	medical record indi	cated the patient did not have a			(flyer attached) on unit daily		
		vound present upon admission.			huddles about the Skin Fair w	as	
		the Braden score was 9; the			shared with team members		
		ted documentation of patient			beginning 2/17/2025.		
		repositioning at 7:02 p.m.					
		he Braden score was 14; the			Prevention of the deficiency:		
		cated in the patient's					
		lowsheet that the patient					
		assistance but lacked			The mandatory Skin Fair and		
	documentation of h	-			competency check off will coll-	ect	
		vent pressure injuries at 8:00			attendance for a goal of 100%	)	
		2:00 p.m., 2:00 p.m., 4:00 p.m., and			compliance for all assigned te	am	
		sure Injury Assessment			members. Team members wh		
		at 4:00 p.m. the patient had a			are on FMLA or extended leav	e of	
		e injury. The wound note per			absence will be required to		
		dicated the patient had a deep			complete a review of the mate		
	_	er to the right buttock/coccyx.			presented at the Skin Fair and	l	
		the Braden score was 14; the			complete a competency		
		ted documentation of patient			assessment prior to their first		
		repositioning at 6:00 a.m.			shift.		
		the Braden score was 13; the					
	medical record indi	-					
		lowsheet that the patient			p paraid="1849904740"	0.00	
		assistance but lacked			paraeid="{41fe957f-69aa-4a9		
	documentation of h				02b7e13235ee}{124}" >To tra	CK	
		vent pressure injuries at 8:00			compliance with the required		
		2:00 p.m., 2:00 p.m., 4:00 p.m., and			elements of the skin protocol a		
	6:00 p.m.				documentation audit form was		
	·	he Braden score was 17; the			amended to include the follow	ing	
	-	itioning flowsheet indicated			questions:		
	the patient was turn	/repositioning at 9:00 a.m.,	1				I

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER  150056		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/03/2025			
	ROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1701 N SENATE BLVD INDIANAPOLIS, IN 46202					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	F	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	next turn/reposition a.m., 52 minutes lat documentation of p turn/repositioning/r g. On 01/20/2025, t medical record lack turn/repositioning a p.m., and 5:00 p.m. h. On 01/22/2025, t day shift; the medical documentation of p 8:00 a.m., 1:00 p.m the night shift was documentation of p 8:00 p.m., and 10:0 i. On 01/23/2026 TI night shift; the medical councentation of p 12:00 a.m., 2:00 a.m. Braden score for the record lacked documentation of p 12:00 a.m., 2:00 a.m. Braden score for the record lacked documentation of p 12:00 p.m., 2:00 j. On 01/24/2025, the shift; the medical reposition was not choon their back at 9:00 p.m., 5:00 p.m. The shift; the medical repatient turn/repositioning and patient remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical repatient turn/reposition mand 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m. k. On 01/25/2025, the shift; the medical remained and 10:00 p.m.	ing was documented at 11:52 te and medical record lacked atient epositioning at 7:00 p.m. the Braden score was 17; the ted documentation of patient tt 11:00 a.m., 1:00 p.m., 3:00 the Braden score was 14 for the teal record lacked atient turn/repositioning at the trun/repositioning at the trun/reposition was trun/reposition was the t	F		CROSS-REFERENCED TO THE APPROPRIA	ent s for ection EX: vel of kly for a NQI		
	on their back at 12:	anged, and patient remained 00 a.m., 2:00 a.m., 4:00 a.m., and en score was 16; the medical						

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Event ID:

6DT211

Facility ID: 005051

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (AND PLAN OF CORRECTION IDENTIFICATION NUMBER 150056		(X2) MULTIPLE CO A. BUILDING B. WING	DNSTRUCTION 00	COMPL	(X3) DATE SURVEY COMPLETED 02/03/2025				
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1701 N SENATE BLVD INDIANAPOLIS, IN 46202						
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	BE	(X5) COMPLETION DATE			
	p.m., 4:00 p.m., and l. On 01/26/2025, the and night shift; the documentation of p 8:00 a.m., 10:00 a.m. 6:00 p.m., 8:00 p.m. m. On 01/27/2025 the night shift; the med documentation of p 12:00 a.m., 2:00 a.m. Score was 17 for daindicated the patient and patient remaine 9:00 a.m. and lacke turn/repositioning at 3. Interview with A 02/04/2025 at 1:15 a. If the patient's Bright patient is reposition should document the how the patient was documentation assist patient was previous the patient repositioning to pressure injury. State patient refused to respect to the confirmed the firm which included lack turn/repositioning, or reposition, and document documentation and document refused to respect to the confirmed the firm which included lack turn/repositioning, or reposition, and documentation and	t 10:00 a.m., 12:00 p.m., 2:00 d 6:00 p.m. he Braden score was 14 for day medical record lacked atient turn/repositioning at h., 12:00 p.m., 2:00 p.m., 4:00 p.m., he Braden score was 14 for ical record lacked atient turn/repositioning at h., and 10:00 p.m. he Braden score was 14 for ical record lacked atient turn/repositioning at h., and 5:00 a.m. The Braden hy shift; the medical record t's position was not changed, hd on their back at 7:00 a.m., d documentation of patient tt 11:00 a.m.  6 (Clinical Nurse Specialist) on p.m. indicated the following: haden score is 18 or less, the head every two hours. Staff he position of the patient and heat turn/repositioning. This hasts the staff on how the hasty repositioned, ensuring that heat with each heat assist with prevention of heat and document that the heat assist with prevention of heat and document that the heat assist with prevention of heat and document that the heat assist with prevention of heat and document that the heat assist with prevention of heat and heat							
S 0000									

State Form Event ID: 6DT211 Facility ID: 005051 If continuation sheet Page 4 of 9

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CI AND PLAN OF CORRECTION IDENTIFICATION NUMBER 150056			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/03/2025	
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH			1701 N	ADDRESS, CITY, STATE, ZIP COD SENATE BLVD APOLIS, IN 46202			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
Bldg. 00	Complaint Number related to the allega Survey Dates: 02/03 Facility Number: 00 QA: 02/07/2025	IN00451988 - Deficiencies tions are cited at S0930.  3/2025 & 02/04/2025	S 00	000			
S 0930 Bldg. 00	following:  (3) A registered not and evaluate the oprovided to each pure Based on document services failed to do turn/repositioning of was positioned to prof 10 patient (Patien Findings include:  1. Facility policy tit Wound Care, last pure indicated under IV. c. The protocol profor manage common	ervice shall have the  urse shall supervise care planned for and catient.  review and interview, nursing comment patient or document how the patient revent pressure injury in 1 out at 4) medical records reviewed.  led Protocol for Adult Skin and ablication date 06/24/2024, PROTOCOL STATEMENTS, wides interventions to prevent a clinical problems such as	S 09	930	p paraid="267929993" paraeid="{81a027fe-1e45-4e1 3-106a6d676e66}{242}" >1. Correction of the deficiency/W is responsible (by title) /date of correction:  Date of Correction 2/21/2025 Director Nursing Practice  Education Slide and Visual management "Fragile as a Pea implemented across all inpatie	ho f ach"	02/21/2025
	or manage common moisture associated	-			, ,	ent ily	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 150056		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/03/2025	
NAME OF PROVIDER OR SUPPLIER			•		ADDRESS, CITY, STATE, ZIP COD SENATE BLVD		
INDIANA	UNIVERSITY HEA	LTH		INDIAN	IAPOLIS, IN 46202		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	PROVIDER'S PLAN OF CORRECTION	
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	Is the patient at high risk for			updates:		
		Risk factors; Braden score					
	1 -	than 18 or sub scale greater					
	than or less than 2, Repositioning/Mob				Okin Fair and Campatanay ab	l:	
		reposition frequently			Skin Fair and Competency ch offs will occur March 24 and	еск	
		t condition. Under HAPI Skin					
		Algorithm under Unstageable,			conclude April 2, 2025, with opportunities for all shifts.		
	Relieve all pressure	-			Identified inpatient team mem	hore	
	Refleve all pressure	to area.			are required to attend and pas		
	2 Review of Patier	at 4's medical record indicated			competency assessment.	os a	
	the following:	it 43 medical record maleated			Competency assessment.		
	a. The patient was admitted on 01/11/2024 and the medical record indicated the patient did not have a				Email notification and mention	ie	
					(flyer attached) on unit daily	10	
	pressure injury or wound present upon admission.				huddles about the Skin Fair w	as	
		the Braden score was 9; the			shared with team members	uo	
		ted documentation of patient			beginning 2/17/2025.		
		repositioning at 7:02 p.m.					
		he Braden score was 14; the			Prevention of the deficiency:		
		cated in the patient's			<b>1</b>		
	turn/repositioning f	lowsheet that the patient					
	required complete a	assistance but lacked			The mandatory Skin Fair and		
	documentation of h	ow the patient was			competency check off will coll	ect	
		vent pressure injuries at 8:00			attendance for a goal of 100%	)	
		2:00 p.m., 2:00 p.m., 4:00 p.m., and			compliance for all assigned te		
	_	sure Injury Assessment			members. Team members w		
		at 4:00 p.m. the patient had a			are on FMLA or extended leav	e of	
		e injury. The wound note per			absence will be required to		
		dicated the patient had a deep			complete a review of the mate		
		r to the right buttock/coccyx.			presented at the Skin Fair and	d	
		the Braden score was 14; the			complete a competency		
		ted documentation of patient			assessment prior to their first		
		repositioning at 6:00 a.m.			shift.		
		he Braden score was 13; the					
	medical record indi	•			n noroid="11040004740"		
		lowsheet that the patient assistance but lacked			p paraid="1849904740"	o otat	
	documentation of h				paraeid="{41fe957f-69aa-4a9		
		yent pressure injuries at 8:00			02b7e13235ee}{124}" >To tra	CK	
		2:00 p.m., 2:00 p.m., 4:00 p.m., and			compliance with the required	•	
	a.111., 10:00 a.m., 12	2.00 p.m., 2.00 p.m., 4:00 p.m., and	1		elements of the skin protocol	<b>a</b>	I

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING <u>00</u>		COMPLETED			
150056		B. WING 02/03/2025			2025		
NAME OF B	PROVIDER OR SUPPLIER		5	STREET A	ADDRESS, CITY, STATE, ZIP COD	1	
					SENATE BLVD		
INDIANA	UNIVERSITY HEA	LTH		INDIAN	APOLIS, IN 46202		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PR	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION	7	TAG			DATE
	6:00 p.m.	D 1 15 1			documentation audit form was		
		ne Braden score was 17; the			amended to include the follow	ing	
	_	tioning flowsheet indicated			questions:		
	-	/repositioning at 9:00 a.m.,					
	_	ing was documented at 11:52 e and medical record lacked			SKIN INSPECTION, Skip and		
	documentation of pa				SKIN INSPECTION: Skin and Wound Protocol Initiated?		
		epositioning at 7:00 p.m.			(Yes/No)		
		he Braden score was 17; the			(103/140)		
	_	ed documentation of patient			KEEP MOVING: was the patie	ent	
		t 11:00 a.m., 1:00 p.m., 3:00			turned appropriately (Q2 hours		
	p.m., and 5:00 p.m.,	*			at risk patients) and turns		
		he Braden score was 14 for the			documented appropriately?		
	day shift; the medic	al record lacked			(Yes/No)		
	documentation of pa	atient turn/repositioning at			,		
	8:00 a.m., 1:00 p.m	., 3:00 p.m. The Braden score for			Patients who are at risk for		
	the night shift was 1	7; the medical record lacked			breakdown must have the dire	ction	
	-	atient turn/repositioning at			they are turned documented E		
	8:00 p.m., and 10:00	-			left, right, back (not for ICU lev	el of	
		ne Braden score was 17 from the			care)		
	night shift; the med						
	_	atient turn/repositioning at					
	·	n., 4:00 a.m., 6:00 a.m. The					
		e day shift was 14; the medical			Documentation audits will be	Leb e	
	record lacked docur	t 8:00 a.m., 10:00 a.m. The			completed on 10 patients wee	ĸij	
		cated the patient's position was			with a Braden 18 or less until	or	
		tient remained on their back			100% compliance is reached f two consecutive weeks on the		
		p.m., 4:00 p.m., and 6:00 p.m.			questions related to the skin		
	* '	ne Braden score was 16 for day			protocol listed above then, at a	a	
	-	cord indicated the patient's			minimum monthly through ND		
		anged, and patient remained			Skin prevalence day and unit		
	*	0 a.m., 11:00 a.m., 1:00 p.m., 3:00			tracers.		
		Braden score was 17 for night					
		cord lacked documentation of			When missed opportunities wi	th	
	patient turn/repositi	oning at 7:00 p.m. and			documentation are identified		
		t's position was not changed,			feedback will be given to the F	RN	
		d on their back at 8:00 p.m.,			responsible for the care.		
	and 10:00 p.m.						
	k. On 01/25/2025, ti	he Braden sore was 17 for night					
			l				

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE COMPI 02/03	LETED
	PROVIDER OR SUPPLIER		1701 N	ADDRESS, CITY, STATE, ZIP COD SENATE BLVD APOLIS, IN 46202		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRODEFICIENCY)	) BE	(X5) COMPLETION DATE
	position was not char on their back at 12:06:00 a.m. The Bradd record lacked docur turn/repositioning a p.m., 4:00 p.m., and 1. On 01/26/2025, the and night shift; the documentation of p. 8:00 a.m., 10:00 a.m. 6:00 p.m., 8:00 p.m. m. On 01/27/2025 the night shift; the med documentation of p. 12:00 a.m., 2:00 a.m. Score was 17 for daindicated the patient and patient remaine 9:00 a.m. and lacked turn/repositioning a	t 10:00 a.m., 12:00 p.m., 2:00 16:00 p.m.  the Braden score was 14 for day medical record lacked attent turn/repositioning at n., 12:00 p.m., 2:00 p.m., 4:00 p.m., and 10:00 p.m.  the Braden score was 14 for ical record lacked attent turn/repositioning at n., and 5:00 a.m. The Braden y shift; the medical record t's position was not changed, d on their back at 7:00 a.m., d documentation of patient t 11:00 a.m.				
	a. If the patient's Br patient is reposition should document th how the patient was documentation assis patient was previou the patient reposition turn/repositioning to pressure injury. States patient refused to reb. Confirmed the fir which included lack turn/repositioning, or reposition, and documentations.	o assist with prevention of ff can document that the				

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CENTERS FOR	MEDICARE & MEDIC	AID SERVICES				OW	B NO. 0936-039	
STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING 00			COMPLETED	
		150056	B. WING			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	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG DEFICIENCY)			DATE	
	remained on their ba	ack.						

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