

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

PRINTED: 03/03/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150128		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/13/2025	
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 1402 E COUNTY LINE RD S INDIANAPOLIS, IN 46227			
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S 0000 Bldg. 00	This visit was for an investigation of a State Licensure Hospital Complaint. Complaint Number: IN00445574 - Deficiency related to the allegations is cited at S0930. Survey Date: 01/13/2025 Facility Number: 005109 QA: 02/06/2025			S 0000			
S 0930 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b) The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, nursing services failed to document pain assessment/reassessment in 2 of 5 patient (Patient 3 and 5) medical records reviewed; and failed to document catheter maintenance per policy in 1 of 5 patient (Patient 3) medical records reviewed. Findings include: 1. Facility policy titled, Pain Management: Adult Pediatric, and Infant, PolicyStat 15498476, last approved 03/2024, indicated under POLICY STATEMENTS: B. Assessment and documentation of pre- and post-intervention is			S 0930	p="" paraid="1928493946" paraeid="{4a1a85fe-82ed-4766-936 7-c01895ba7831}{80}"> <u>Plan of Correction</u> <u>Complaint #: IN-004-455-74</u> 1 Finding 1: Pain The nursing manager will provide education and expectations in weekly update email and huddles with all nurses reviewing Policy: Pain Management: Adult Pediatric, and Infant, by 3/7/25. Specifically focusing on minimal assessment parameters include		03/07/2025

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

TITLE

(X6) DATE

Desiree Huebner-Tunny

Director of Acute Quality and Safety

02/27/2025

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>necessary to evaluate the effectiveness of that intervention. Reassessment after pharmacologic intervention will be done within 60 minutes. Under GENERAL INFORMATION: A. Minimal assessment parameters include intensity, description, and location of pain. Under PROCEDURE, I. Document pain assessment, pharmacologic and non-pharmacologic interventions, side effects, and other symptoms. Under DOCUMENTATION: Document pain assessment/symptoms and interventions in the electronic medical record in the appropriate flow-sheet.</p> <p>2. Facility policy titled, Suprapubic Catheter: Changing, Maintenance and Discontinuation., PolicyStat 10948805, last approved 03/2022, indicated under PROCEDURE: B. Maintenance of Suprapubic Catheter, 17. Document maintenance., under DOCUMENTATION: b. Maintenance Q 8hrs or unit protocol.</p> <p>3. Review of Patient 3 medical record indicated the following:</p> <p>a. The patient was admitted on 10/15/2024.</p> <p>b. On 10/16/2024 at 4:33 p.m., provider order indicated to flush the patient's suprapubic catheter with 10 milliliters of normal saline every 8 hours. Medical record lacked documentation for the patient's entire hospitalization for suprapubic catheter flushes in the suprapubic catheter flowsheet. Suprapubic catheter flowsheet lacked complete documentation of suprapubic catheter maintenance per policy on the following dates: 10/16/2024, 10/17/2024, 10/20/2024, and 10/22/2024.</p> <p>c. Medical record lacked documentation of pain reassessment after pharmacologic intervention on 10/16/2024 at 12:33 a.m., 10/17/2024 at 2:47 p.m., 10/20/2024 at 2:08 p.m., and 10/21/2024 at 8:34 p.m.</p> <p>d. On 10/16/2024 medical record lacked pain</p>				<p>intensity, description, location of pain and intervention provided if appropriate. Additionally, if pharmacologic intervention is provided, post pain reassessment is completed within 60 minutes of administration.</p> <p>2 Finding 2: Suprapubic Catheter</p> <p>The nursing manager will provide education and expectations in weekly update email and huddles with all nurses reviewing Policy: Suprapubic Catheter: Changing, Maintenance and Discontinuation, by 3/7/25. Focusing on documentation of maintenance Q8 hours. Additionally, if ordered for flushing of the suprapubic catheter, documentation of the flush will be noted in the I and O flowsheet.</p> <p>3 Finding 3: Pain and Suprapubic Catheter</p> <p>The nursing manager will provide education and expectations in weekly update email and huddles with all nurses reviewing Policy: Pain Management: Adult Pediatric, and Infant, by 3/7/25. Specifically focusing on minimal assessment parameters include intensity, description, location of pain and intervention provided if appropriate. Additionally, if pharmacologic intervention is provided, post pain reassessment is completed within 60 minutes of administration.</p> <p>The nursing manager will provide</p>		

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	<p>assessment documentation from 1 a.m. to 11:59 p.m.</p> <p>e. On 10/17/2024 at 2:47 p.m. patient rated pain at 8/10; medical record lacked documentation of pain location.</p> <p>f. On 10/18/2024 at 9:29 a.m. the patient rated their pain at 7/10 in their abdomen; medical record lacked documentation of intervention for pain.</p> <p>g. On 10/18/2024 at 11:31 a.m. patient rated pain at 6/10 in abdomen; medical record lacked documentation of intervention for pain.</p> <p>h. On 10/19/2024 medical record lacked pain assessment documentation from 12:00 a.m. to 11:59 p.m.</p> <p>i. On 10/20/2024 at 2:08 p.m. patient rated pain at 4/10; medical record lacked documentation of pain location.</p> <p>j. On 10/21/2024 at 8:19 a.m. patient rated pain at 6/10 in their head; medical record lacked documentation of intervention for pain.</p> <p>4. Review of Patient 5's medical record indicated the following:</p> <p>a. Patient was admitted on 09/26/2024.</p> <p>b. On 09/29/2024 at 8:43 a.m. patient rated pain at 6/10; medical record lacked documentation of pain reassessment and pain location.</p> <p>c. On 09/29/2024 at 10:40 p.m. patient rated pain at 6/10; medical record lacked documentation of pain reassessment and pain location.</p> <p>5. Interview with A2 (Quality Director) and A3 (Quality Director) on 01/13/2024 at approximately 2:50 p.m. indicated patient 5's medical record lacked documentation of pain reassessment and pain location.</p> <p>6. Interview with A2 and A5 (Director Medical Surgical Nursing) on 01/13/2024 at approximately 3:30 p.m. indicated the following:</p>				<p>education and expectations in weekly update email and huddles with all nurses reviewing Policy: Suprapubic Catheter: Changing, Maintenance and Discontinuation, by 3/7/25. Focusing on documentation of maintenance Q8 hours. Additionally, if ordered for flushing of the suprapubic catheter, documentation of the flush will be noted in the I and O flowsheet.</p> <p>4 Finding 4: Pain</p> <p>The nursing manager will provide education and expectations in weekly update email and huddles with all nurses reviewing Policy: Pain Management: Adult Pediatric, and Infant, by 3/7/25. Specifically focusing on minimal assessment parameters include intensity, description, location of pain and intervention provided if appropriate. Additionally, if pharmacologic intervention is provided, post pain reassessment is completed within 60 minutes of administration.</p> <p>5 Finding 5: Pain</p> <p>The nursing manager will provide education and expectations in weekly update email and huddles with all nurses reviewing Policy: Pain Management: Adult Pediatric, and Infant, by 3/7/25. Specifically focusing on minimal assessment parameters include intensity, description, location of pain and intervention provided if appropriate. Additionally, if</p>		

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	<p>a. Nursing documents suprapubic catheter flushes in the urinary flowsheets.</p> <p>b. Patient 3's medical record lacks documentation of suprapubic flushes in the urinary flowsheets per provider order for the duration of the patient's hospitalization.</p> <p>7. Interview with A2 and A3 on 01/13/2024 at approximately 3:50 p.m. indicated the following related to patient 3's medical record:</p> <p>a. Lacked documentation of pain reassessment after pharmacologic intervention on 10/16/2024 at 12:33 a.m., 10/17/2024 at 2:47 p.m., 10/20/2024 at 2:08 p.m., and 10/21/2024 at 8:34 p.m.</p> <p>b. Lacked documentation of intervention for pain on 10/18/2024 at 9:29 a.m. patient rated pain of 7/10 in abdomen; on 10/18/2024 at 11:31 a.m. patient rated pain of 6/10 in abdomen; on 10/21/2024 at 8:19 a.m. patient rated pain of 6/10 in their head.</p> <p>c. Lacked documentation of location of pain on 10/17/2024 at 2:47 p.m. and 10/20/2024 at 2:08 p.m.</p>				<p>pharmacologic intervention is provided, post pain reassessment is completed within 60 minutes of administration.</p> <p>6 Finding 6: Suprapubic Catheter</p> <p>The nursing manager will provide education and expectations in weekly update email and huddles with all nurses reviewing Policy: Suprapubic Catheter: Changing, Maintenance and Discontinuation, by 3/7/25. Focusing on documentation of maintenance Q8 hours. Additionally, if ordered for flushing of the suprapubic catheter, documentation of the flush will be noted in the I and O flowsheet.</p> <p>7 Finding 7: Pain</p> <p>The nursing manager will provide education and expectations in weekly update email and huddles with all nurses reviewing Policy: Pain Management: Adult Pediatric, and Infant, by 3/7/25. Specifically focusing on minimal assessment parameters include intensity, description, location of pain and intervention provided if appropriate. Additionally, if pharmacologic intervention is provided, post pain reassessment is completed within 60 minutes of administration.</p> <p>Monitoring Plan to Prevent Recurrence</p> <p>To prevent the deficient from recurring in the future, data monitoring will be initiated in</p>		

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			<p>March 2025 and will be monitored and discussed at the site Quality and Safety committee monthly, for 8 months. Monitoring will continue with a quarterly report out after the initial 8 month reporting cycle. The department manager will review the policy and documentation requirements with the care team. The department manager will complete the desired audits and will complete any individual staff follow-up.</p> <p>Monitoring Plan for Pain: (1) Initial (Pre-Intervention) pain assessment and (2) Pain (Post-Intervention) reassessment will be to reach a minimum of 95% documentation compliance.</p> <p>Monthly, 30 chart audits will be completed to ensure patients receiving a pharmacological intervention for pain has a pain assessment documented prior to the intervention. The audit results will be reported out in the monthly Quality and Safety Committee. Monitoring will occur for eight consecutive months. Corrective Action Plan if not meeting goal: responsible leader will complete individual follow up and coaching of staff.</p> <p>Data point: Initial (Pre-Intervention) pain assessment Date of corrective action: 03/07/2025</p> <p>Monthly, 30 chart audits will be completed to ensure patients</p>		

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			<p>receiving a pharmacological intervention for pain, has a documented reassessment within 60 minutes. The audit results will be reported out in the monthly Quality and Safety Committee. Monitoring will occur for eight consecutive months. Corrective Action Plan if not meeting goal: responsible leader will complete individual follow up and coaching of staff.</p> <p>Data point: Pain (Post-Intervention) reassessment Date of corrective action: 03/07/2025</p> <p>Monitoring Plan for Suprapubic Catheterization: (1) catheterization assessment and (2) ordered flush documentation will be to reach a minimum of 95% documentation compliance.</p> <p>Monthly, up to 5 chart audits will be completed to ensure patients with suprapubic catheters have assessment documentation completed every 8 hours per policy. The audit results will be reported out in the monthly Quality and Safety Committee. Monitoring will occur for eight consecutive months. Corrective Action Plan if not meeting goal: responsible leader will complete individual follow up and coaching of staff.</p> <p>Q8H Suprapubic Catheterization Assessment Date of corrective action: 03/07/2025</p>		

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			<p>Monthly, up to 5 chart audits will be completed to ensure patients with suprapubic catheters have an order for (1) flushing the suprapubic catheter and are (2) following the ordered I and O flush, documented in patients' chart. The audit result will be reported out in monthly Quality and Safety Committee. Monitoring will occur for eight consecutive months.</p> <p>Data point: Ordered flush documented</p> <p>Date of corrective action: 03/07/2025</p> <p>Responsible Person The Director of Medical Surgical Nursing will be the leader responsible for overseeing the action plan.</p> <p>ul="" role="list" ul="" role="list" p="" paraid="294210798" paraeid="{d9ae2767-34f2-4641-b7a a-e98f44a8ea84}{119}"></p>		