STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150056	A. BUILDING 00 B. WING	09/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD INDIANAPOLIS, IN 46202

(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
S 0000 Bldg. 00	This visit was for investigation of a state licensure hospital complaint. Complaint Number: IN00295970 Substantiated: Deficiency related to the allegations is cited. Date: 09/18/2019 and 09/19/2019 Facility Number: 005051 QA: 9/24/2019	S 0000		
S 0252 Bldg. 00	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(a)(1) (a) The Governing Board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following: (1) Function as the supreme authority of the hospital. Based on document review, observation and interview the facility failed to promote personal privacy of patients in 5 out of 10 patient's medical records (MR) reviewed (patients 1, 5, 7, 9 and 10's). Findings include: 1. Review of facility policy, Patient/Parent Rights and Responsibilities, Complaints and Grievances, last approved 11/30/2016, indicate the following. You are entitled to privacy in treatment and in	S 0252	S 252: IU Methodist Emergency Department will not be placing any patient in the M11H area by the exit door. Privacy for the patient cannot be adequately maintained in this area. Staff members, etc. would be reaching over the patient to open the automatic doors to exit the area. Education on this process began on September 19, 2019 with information being given during shift huddles. Also, education was	09/25/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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	caring for your personal needs. This includes the right to be interviewed and examined in a surrounding designed to assure reasonable privacy. You have a right to an environment which preserves your dignity and contributes to a positive self-image. 2. Review of patient's 1, 5, 7, and 9 and 10's MR indicated the following. Patients were admitted to facility emergency department M11H (Hallway in Emergency Department where a person must reach over patient cart to open exit doors). Patient 1 was at M11H at 17:24 hours on 05/19/2019, at the same time he/she had a portable chest X-ray. Patient 1's ED (Emergency Department) Nursing Note indicated the following. Patient reports " inhumane treatment" when asked to remove wired bra for CXR (chest X-ray). Refused to wear monitor system and change into gown for proper assessment... Patient left at 1745 (hours) (5:45 pm) with security escorting. Patient 5 was at M11H at 16:14 hours on 05/19/2019, at the same time he/she had a portable chest X-ray. Patient 7 was at M11H at 11:54 hours on 05/20/19, at the same time patient was reported to have a physical exam. Patients 9 and 10 were in the hallway where a person must reach over the patient to open the exit door. Patient's 4, 6 and 8 MR indicated those patients were in the hallway but not in M11H (Emergency Room Hallway where exit button for doors is located). 3. Interview on 9/18/2019, at approximately 10:20 am, through 12:01 pm, with N2 (Quality Improvement Consultant) confirmed patient 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10's MR review as indicated above. 4.Interview on 09/18/2019, at approximately 1:58 pm, with N4 (Radiology Technician) confirmed		given to charge RN's during the charge RN meetings on September 25, 2019 and September 26, 2019. Visual rounding on the department during the week of September 23, 2019 had not shown any stretchers in the area of M11H. Also, asking staff about this area with response of "we no longer place a stretcher in this area and we were told about this in huddles". Monitoring: ED leadership to continue rounding throughout the department. Any variations to privacy policy will be addressed immediately and education/coaching to staff completed at that time. Repeat violations by individual staff members will have disciplinary documentation place in their file.	

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	nurses usually get patient ready for chest x-ray. Portable chest X-rays taken at bedside. Patients wearing a bra would need to remove it before having an X-ray. 5. Observation on 09/19/2019, at approximately 10:10 am, with N3 (Regulatory Consultant) the following was observed. Patient cart was placed in area indicated as M11H to be visualized. In order to access the exit door (blue button), a person would have to reach over the patient cart. 6. Interview on 09/19/2019, at approximately 10:10 am, with N3 confirmed the following. When placed in area indicated as M11H, a person would have to reach over the patient cart to access the exit door (Blue button).			