

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

PRINTED: 02/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2023
NAME OF PROVIDER OR SUPPLIER ASSURANCE HEALTH PSYCHIATRIC HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214		
(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	
A 000	INITIAL COMMENTS This visit was for the investigation of three Federal hospital complaints. Complaint Number: IN00418695 - No deficiencies related to the allegations are cited. Complaint Number: IN00418945 - No deficiencies related to the allegations are cited Complaint Number: IN00418545 - Deficiencies related to allegation are cited. Survey Date: 10/11/2023 Facility Number: 013899	A 000			
A 196	PATIENT RIGHTS: RESTRAINT OR SECLUSION CFR(s): 482.13(f)(1) Training intervals. Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion- (i) Before performing any of the actions specified in this paragraph; (ii) As part of orientation; and (iii) Subsequently on a periodic basis consistent with hospital policy. This STANDARD is not met as evidenced by: Based on document review and interview, the hospital failed to ensure staff ability to demonstrate competency in the levels of observations for 3 of 3 staff members (N1, N2, and N3).	A 196		11/16/23	

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

TITLE

(X6) DATE

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2023
NAME OF PROVIDER OR SUPPLIER ASSURANCE HEALTH PSYCHIATRIC HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214		
(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	
A 196	Continued From page 1 Findings include: 1. Review of policy/procedure titled, "Orientation and Continuing Education" Policy No: EC 14, Issued: 09/2014 indicated all new employees will receive general hospital safety training within 30-60 days of employment. 2. Review of N1-MHT (Mental Health Technician), N2-CNA (Certified Nursing Assistant) and N3 (Registered Nurse) personnel file lacked training on the level of observations including line of sight and one on one completed. 3. In interview on 10/11/2023 at 1647 hours A2 (Assistant Director of Nurses) acknowledged that he/she was unable to provide this surveyor with the training on the level of observations for N1, N2, and N3.	A 196			
A 395	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on document review and interview, the registered nurse failed to ensure staff followed physician orders for level of observation (1:1) in one (1) instance. (P8) Findings include: 1. The hospital policy titled, "PATIENT ROUNDS", Policy No: NU 60, indicated to provide guidelines for insuring a safe and therapeutic environment by accounting for all patients. Rounds are to be made on the unit on all patients by the assigned	A 395		11/16/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2023
NAME OF PROVIDER OR SUPPLIER ASSURANCE HEALTH PSYCHIATRIC HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214		
(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	
A 395	<p>Continued From page 2</p> <p>nursing staff at a minimum of every 15 minutes or more frequently as ordered for each 24-hour period.. The purpose of rounds is to check all aspects of security and safety while monitoring patient behavior and location. H. All rounds must be maintained as part the medical record. This policy was last reviewed on 09/2020.</p> <p>2. Review of the policy titled, "Aggressive Behaviors", Policy No: CC80 , last reviewed 06/2022, indicates the purpose to ensure a safe environment from patients that may exhibit aggressive behaviors. Page 2: One on one (1:1) order the patient receives continuous monitoring and physical proximity to the patient by a staff member. Staff must always be within arm's reach, including toileting and showering.</p> <p>3. Review of P8 MR indicated an order for level of observation as a 1:1 with Staff dated 09/12/2023 at 1500 hours for P8.</p> <p>4. Reviewed the "AM and PM Patient Monitoring Round" every 15 (fifteen) minutes observation for 09/15/2023 through 10/10/2023. The MR of P8 lacked documentation the patient was on the 1:1 and checked every 15 minutes on 09/15/2023, 09/27/2023, 09/30/2023, 10/04/2023, and 10/09/2023.</p> <p>5. On tour on 10/11/2023 at approximately 1515 hours with A2 (Assistant Director of Nurses) observed P8 alone in his/her bedroom with the door closed. N1 (Mental Health Technician) was assigned to P8 as a 1:1 level of observation. N1 was sitting outside of the room facing out towards the milieu reviewing a computer.</p> <p>6. In interview on 10/11/2023 at approximately</p>	A 395			

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

PRINTED: 02/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2023
NAME OF PROVIDER OR SUPPLIER ASSURANCE HEALTH PSYCHIATRIC HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214		
(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
A 395	Continued From page 3 1600 hours with staff member A2 (Assistant Director of Nurses), confirmed that when a patient has a 1:1 level of observation. The AM and PM Patient Monitoring Round form is documented on every 15 minutes. Also confirmed there should be documentation on the AM and PM Patient Monitoring Round indicating the patient should be was observed every 15 minutes without any missing documentation.	A 395		