

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150017	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER  LUTHERAN HOSPITAL OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804		
(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
S 0000  Bldg. 00	<p>This visit was for investigation of a State Licensure hospital complaint.</p> <p>Complaint Number: IN00412898 - State deficiency unrelated to the allegations is cited at S0930.</p> <p>Date of Survey: 2/28/25</p> <p>Facility Number: 005016</p> <p>QA: 3/11/2025</p>	S 0000	N/A	
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 complete a pain assessment prior to discharge for 1 of 5 medical records reviewed (Patient #1).</p> <p>Findings include:</p> <p>1. Facility policy titled "4.23.29 Admission and Discharge Criteria for Heart Pavilion Pre-Post" with a revision date of 12/2021 indicated the following: B. Criteria for Discharge: 8) Pain absent or minimal.</p>	S 0930	<p>Complaint Number: IN00412898 Found to be substantiated; State deficiency related to the allegation is cited.</p> <p>Date of Survey: 2/28/2025 ID PREFIX TAG: S0930</p> <p>In response to complaint number IN00412898 for Lutheran Hospital, Fort Wayne, Indiana. The below information has been addressed to correct the deficiency. Thank you for the opportunity to address concerns outlined in your letter</p>	04/26/2025

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

TITLE

(X6) DATE

Ryan Fraleigh

Director of Risk/Regulatory

04/10/2025

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>2. A review of Patient #1's medical record indicated the following:</p> <p>(a.) The patient had a surgical procedure/pacemaker implant on 6/30/23.</p> <p>(b.) The medical record for Patient #1 lacked documentation of a pain assessment prior to discharge from the facility on 6/30/23 at 12:31 p.m.</p> <p>3. During an interview with A4 (Chief Quality Officer) on 2/28/25 at approximately 3:15 p.m., A4 verified the medical record information for Patient #1.</p>		<p>dated March 27, 2025. Lutheran Hospital is dedicated to providing compassionate, quality care with the best possible experience to every patient, every time, and to making a positive impact on our community.</p> <p>How are you going to correct the deficiency?</p> <p>On 3/31/2025, a group of leaders met to discuss the factors related to the deficiency involving failure to complete a pain assessment prior to discharge from the . This group included the Chief Quality Officer, the Director of Regulatory and Risk, the Director of Infection Prevention and Quality, the Executive Director Clinical Procedures, and Lead Charge Nurses for Heart Pavilion Day and Evening shift . The policy referenced in the survey Policy 4.23.29 Admission and Discharge Criteria for Heart Pavilion Pre-Post was reviewed and it was determined that the policy may need to be improved with a clear definition of when the pain documentation for discharge should be assessed and how it should be documented as well as provide guidance on a standard location of where it should be documented.</p> <p>Between 4/1/2025 through 4/8/2025, Staff were educated on</p>	

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			<p>the policy and expectation of the pain assessment upon discharge process and shown how to properly document pain scores in EMR. In addition to individualized coaching from leaders, there was an education memo posted that all staff were required to read and sign. This was also a topic at the Heart Pavilion daily and afternoon safety huddles during the above timeframe.</p> <p>2. How are you going to prevent the deficiency from occurring in the future?</p> <p>Ten charts of patients who have been discharged from the Heart Pavilion will be audited each month. The results of these audits will be reported to the Chief Quality Officer and Chief Operating Officer, and reported to the Quality Council on a monthly basis.</p> <p>The charts will be audited to determine discharge pain assessment has been completed by nursing until at least 100% compliance is achieved for 3 consecutive months.</p> <p>Lutheran Hospital will reinforce that this specific policy is followed by ensuring corrective action is taken for remediation for non-adherence of the policy among staff as follows:</p>	

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			<p>Corrective action and feedback will occur for non adherence to these specified policies as stated in the Employee Handbook: The disciplinary action that is appropriate for any particular act or misconduct depends upon many factors including the employee's length of service, prior disciplinary record, the seriousness of the misconduct, and the impact of the misconduct on others. The disciplinary action that is administered for any particular act or misconduct rests in the employer's sole discretion. Examples of disciplinary action include, in no particular order, informal counseling, verbal and/or written warnings, investigative or disciplinary suspension, probation, demotion and separation.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above? The Chief Operating Officer will be responsible for ensuring that actions listed in numbers 1 and 2 are completed.</p> <p>4. By what date are you going to have the deficiency corrected? All corrective actions will be completed by 4/26/2025.</p>	