

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  004171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/02/2023
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH NORTH HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  11700 N MERIDIAN ST CARMEL, IN 46032		
(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) COMPLETE DATE
S 000	INITIAL COMMENTS  This visit was for the investigation of a state licensure hospital complaint.  Complaint Number: IN00390803 - Deficiency related to the allegation is cited.  Survey Date: 10/2/2023  Facility Number: 004171  QA: 10/10/2023	S 000		
S1312	410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING  410 IAC 15-1.5-10(e)(1)  (e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:  (1) facilitates the provisions of follow-up care;  This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow policy on arranging third party transportation following a procedure involving sedation for 1 of 5 (P1) medical records (MRS) reviewed.  Findings include:  1. P1's MR indicated on 9/13/2022, P1 was discharged and F1 coordinated transportation after a procedure involving sedation without P1	S1312		10/20/23

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

TITLE

(X6) DATE

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S1312	<p>Continued From page 1</p> <p>being accompanied by a designated friend or family member.</p> <p>2. Review of "Patient Transportation - Integrated Care Management", last approved 6/19/2023, and previously approved 6/19/2019, indicated that patients using a transportation service, specified no patients will utilize a transportation service after sedation, unless a designated friend or family member is accompanying them.</p> <p>3. On 10/2/2023 at 1115 hours, S2, Director Surgical Services, confirmed F1 does not allow patients to go home alone on the day of surgery, period. Usually a case will be canceled if the patient has no ride home coordinated. Pre-surgery calls patient to ask about patient transport status. If a patient indicated no ride home is arranged the case is usually canceled, or the surgeon will coordinate a bed for an observational stay. Transport can then be arranged post-operatively on the day after the procedure. Confirmed that F1 patient transportation policy indicated a patient would not be discharged home via third party transport post procedure on the same day, without having a designated individual in attendance of the patient.</p> <p>4. On 10/2/2023 at 1430 hours, S3, Manager Quality and Service, confirmed the F1 policy on patient transportation indicated no patients will utilize a transportation service coordinated by F1 after having a procedure involving sedation without a designated friend or family member there to accompany them.</p>	S1312		