

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

PRINTED: 03/10/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  154035		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/14/2024	
NAME OF PROVIDER OR SUPPLIER  4C HEALTH				STREET ADDRESS, CITY, STATE, ZIP COD 1015 MICHIGAN AVE LOGANSPOET, IN 46947			
(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
A 0000  Bldg. 00	<p>This visit was for the investigation of two (2) Federal hospital complaints.</p> <p>Complaint Number: IN00357597 - No deficiencies related to the allegations are cited.</p> <p>Complaint Number: IN00420883 - No deficiencies related to the allegations are cited. Unrelated deficiency cited. (A0395)</p> <p>Dates: 02/13/2023 &amp; 02/14/2023</p> <p>Facility Number: 005199</p> <p>QA: 02/22/2024</p>			A 0000			
A 0395  Bldg. 00	<p>482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. Based on document review and interview the registered nurse failed to document the events related to a patient's death for one (1) of ten (10) medical records (MR's) reviewed.</p> <p>Findings include:</p> <p>1. The facility policy titled, Death of a Client, number 11.2.024I, indicated the charge nurse would notify 911, and the coroner. All documentation of the event and subsequent management would be documented by the charge nurse in the MR. This policy was last revised on 07/26/2023.</p> <p>2. Patient # 10's MR was reviewed on 02/14/2024 and lacked the following documentation:</p>			A 0395	<p>Our agency will continue to provide care and to monitor/assess all clients while present on our inpatient unit. Our agency will ensure that all documentation including nursing assesment, orders, labs are present in the chart that occured prior to the client's death. Any client that needs medical attention will be assessed by our nursing staff and 911 will be called when appropriate. Our agency policy regarding death of a client was revised on 3/4/24 to include the below:</p> <p>1.Clearly documenting in the</p>		03/08/2024

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

TITLE

(X6) DATE

Hope

Kerns

03/08/2024

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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	a. Events leading up to patient # 10's death. b. Notification of 911. c. Notification of the coroner. d. Notification of supervisor. e. Notification of family.  3. In interview on 02/14/2024 with administrative staff member A # 2 (Chief Compliance Officer/Vice President Facilities & Safety), confirmed the MR lacked the documentation.				Electronic Health Record, the following: 1.Time 911 was called. 2.Time the coroner was called. 3.Time attempt and/or contact was made with client's family. 4.Time that the Supervisor and/or Medical Director were notified.  Our agency's nursing staff have been advised on the revised policy on 3/4/24. Our agency's Director of Nursing, Chief Medical Officer and Chief Clinical Officer are responsible to ensure that our policy is followed and that documentation is present in the chart. Our agency will audit all client deaths' that occur on our inpatient unit to ensure that our policy is followed and includes all necessary documentation (informatoin on what occured prior to the death including any nursing assessments, orders, labs) will be audited as well at 100% compliance.		