

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

PRINTED: 06/06/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150128		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/24/2025	
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 1402 E COUNTY LINE RD S INDIANAPOLIS, IN 46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 an investigation of a State Licensure Hospital Complaint.</p> <p>Complaint Number IN00451768 - Deficiency related to allegations is cited at S1318.</p> <p>Survey Date: 04/24/2025</p> <p>Facility Number: 005109</p> <p>QA: 05/13/2025</p>			S 0000			
S 1318 Bldg. 00	<p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING</p> <p>Based on document review and interview, the facility failed to complete patient referral to appropriate outpatient service for 1 of 5 (Patient 3) medical records reviewed.</p> <p>Findings include:</p> <p>1. Review of Case Management Department Scope of Services indicated the case manager performs a thorough assessment or chart review of the patient, family, and support system and evaluates the need for post hospital services.</p> <p>2. Review of Patient 3's medical record indicated the following:</p> <p>a. The patient was admitted on 01/15/2025.</p> <p>b. On 01/16/2025, the provider note indicated that patient's pain control was complicated as they patient suffers from chronic pain and is not on a current chronic pain regimen; recommend</p>			S 1318	<p>p="" paraid="1327542055" paraeid="{fb283ae5-a876-46a7-9e87-496e7030f717}{188}">Plan of Correction:</p> <p>p="" paraid="1327542055" paraeid="{fb283ae5-a876-46a7-9e87-496e7030f717}{188}">The leader responsible for each provider's specialty area will complete education in their respective departments: Case Management leadership will complete education with case managers staff on: (1) the process for quality discharge rounds (QDRs), and (2) the process for lightning rounds (LRs) which are designed to help address discharge barriers and expedite patient throughput. Both QDRs and LR are led by the case management team and were</p>		05/29/2025

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

TITLE

(X6) DATE

Desiree Huebner-Tunny

Director of Acute Quality and Safety

05/30/2025

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>continued association with a pain management team versus palliative team and would place a new referral if desired.</p> <p>c. On 01/16/2025, the Social Work Case Management note indicated patient pain was their biggest reason for going to the Emergency Room so often; patient does not have any pain medication they take while at home and hoped to get back on palliative care for pain management and was just waiting on a referral.</p> <p>c. On 01/22/2025, the provider note and discharge summary indicated the patient was stable for discharge and the patient's pain control complicated as the patient was not on a current chronic pain regimen. The medical record indicated there were no referrals for outpatient pain management services. The patient was discharged home.</p> <p>3. Interview with A2 (Quality Director) and A3 (Case Management Director) on 04/24/2025 at approximately 2:45 p.m. confirmed the above documentation in patient 3's medical record and that outpatient pain management was not addressed in discharge planning.</p>		<p>created to help with pre-planned discharge needs to ensure all outpatient discharge needs are completed before a discharge order is placed. Education was completed on 05/29/2025. Nursing leaders will educate staff on reviewing after-visit summaries, emphasizing the care transition to outpatient settings, and will reinforce the importance of reviewing discharge documentation for referrals or established outpatient management plans. Staff can collaborate with discharging providers and case management leaders during QDRs and LRs. Inpatient nursing leaders will use their department's communication methods (e.g., shift change huddles, weekly emails) to complete and share education. Education was completed on 05/28/2025. Leaders will also include the documentation of pain assessment parameters (intensity, description, location, intervention) and ensure post-pain reassessment if pharmacologic intervention is given. Hospitalist providers will be educated on discharge expectations, ensuring acute and chronic problems are noted with a follow-up plan. For patients with chronic pain and a primary care provider, follow-up will be noted in the after-visit summary. If no primary care</p>		

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			provider is established, case management will assist with provider selection and appointment scheduling. Education was completed on 5/29/2025. p="" paraid="2147401629" paraeid="{10f6b4e0-8e0d-4d0e-adba-29346e67f5f3}{97}">Monitoring Plan to Prevent Recurrence To prevent future noncompliance, discharge summaries will be audited monthly to ensure documentation of discharge referrals or established outpatient management of chronic pain (referral to primary care provider). Data points include documentation of discharge referrals or outpatient management plans. Audit results will be reported to the Quality and Safety Committee monthly, and any identified compliance gaps will be addressed with individual follow-up. Responsible Person The Director of Quality will be responsible for overseeing the action plan.		