

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

PRINTED: 01/30/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152013	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL INDIANAPOLIS NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 8060 KNUE ROAD INDIANAPOLIS, IN 46250
---	---

(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 the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00226596</p> <p>Substantiated: Deficiencies related to allegations are cited.</p> <p>Date of Survey: 01/06/2020</p> <p>Facility Number: 008900</p> <p>QA: 1/13/2020 and 1/14/2020</p>	S 0000		
S 0256  Bldg. 00	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(a)(2)(A)(B)</p> <p>(a) The Governing Board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following:</p> <p>(2) Ensure that the hospital:</p> <p>(A) meets all rules and regulations for licensure and certification, if applicable; and</p> <p>(B) makes available to the commissioner upon request all reports, records, minutes, documentation, information, and files required for licensure.</p> <p>Based on interview, the facility failed to provide</p>	S 0256	S 256 410 IAC 15-1.4-1 Governing	03/13/2020

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152013	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/06/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL INDIANAPOLIS NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 8060 KNUE ROAD INDIANAPOLIS, IN 46250
---	---

(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
	<p>medical records (MRs) in a timely fashion for 5 of 5 (Patient's 1, 2, 3, 4 and 5) MRs requested to review.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. After selecting 5 patient MRs to review at 9:20 am on 01/06/2020, surveyor informed that MRs are stored in an offsite facility.</li> <li>2. Interview with P54 (Infection Control Preventionist) on 01/06/2020 at 11:15 am confirmed that requested MRs will arrive at facility by 2:10 pm.</li> <li>3. Surveyor left survey at 11:15 am and returned at 2:05 pm on 01/06/2020 to review the selected MRs.</li> </ol>		<p><b>Board</b></p> <p>This Rule is not met as evidenced by based on interview, the facility failed to provide medical records (MRs) in a timely fashion for 5 of 5 (Patient's 1, 2, 3, 4, and 5) MR requested to review.</p> <p><b>Immediate Action Taken:</b></p> <p>On 1/07/2020 a meeting with Chief Executive Officer (CEO), Chief Clinical Officer (CCO) and leadership team was held to review the survey exit findings. After review of the current contract it was identified the medical record vendor STAT documents request should occur within 3 hours. HIM Supervisor contacted the offsite Medical Record vendor and reviewed the current contract. Timeliness for processing STAT medical document request will occur within 3 hours per contract.</p> <p><b>System Changes:</b></p> <p>The offsite Medical Record vendor has agreed to deliver requested documents within 3 hours.</p> <p><b>Monitoring:</b></p> <p>The HIM Supervisor will submit a random Stat document request monthly for 3 months to the offsite Medical Record vendor to ensure documents are delivered within 3 hours per the contract service agreement. The random Stat document requests will be tracked on the Contracted Service dashboard for ongoing monitoring and reporting to the Patient Safety and Reliability, Quality Council,</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152013	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL INDIANAPOLIS NORTH	STREET ADDRESS, CITY, STATE, ZIP COD 8060 KNUE ROAD INDIANAPOLIS, IN 46250
---	--

(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 0912 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of</p>		<p>Medical Executive (MEC) and Governing Board Committee meetings for 3 months or 100% compliance is sustained. <b>Responsible Person:</b> Chief Executive Officer</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152013	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/06/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL INDIANAPOLIS NORTH	STREET ADDRESS, CITY, STATE, ZIP COD 8060 KNUE ROAD INDIANAPOLIS, IN 46250
---	--

(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
--------------------	--	---------------	---	----------------------

	<p>nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based on document review and interview, nursing administration failed to ensure nursing followed policy regarding enteral feeding in 1 of 5 (Patient 2) medical records (MRs) reviewed.</p> <p>Findings include:</p> <p>1. Review of policy titled: CORE: Administration of Enteral Nutrition (H-PC 05-006), indicated assessment for GI (gastrointestinal) intolerance to enteral tube feeding by checking abdominal distention and complaints of abdominal pain...routine monitoring (every shift) of gastric residual volume (GRV) recommended for patients at high risk of GI dysfunction...GRV greater than 500 milliliters, notify physician and follow GRV Decision Tree.</p> <p>2. Review of Patient 2's MR lacked documentation of the GRV for the following eleven shifts:</p> <ul style="list-style-type: none"> <li>a. 03/22/17 - night shift</li> <li>b. 03/23/17 - day shift and night shift</li> <li>c. 03/24/17 - day shift</li> <li>d. 03/25/17 - day shift</li> <li>e. 03/26/17 - night shift</li> <li>f. 03/27/17 - day shift</li> <li>g. 03/28/17 - day shift and night shift</li> <li>h. 03/29/17 - day shift and night shift</li> </ul> <p>3. Interview on 01/06/2020 with P54 (Infection Control Preventionist) at 5:05 pm, confirmed Patient 2's MR lacked documentation of GRV for the above-mentioned shifts as required per facility policy and procedure.</p>	S 0912	<p><b>S 912</b> 410 IAC 15-1.5-6 Nursing Service</p> <p>This Rule is not met as evidenced by: Based on document review and interview, nursing administration failed to ensure nursing followed policy regarding enteral feeding in 1 of 5 (Patient 2) medical records (MRs) reviewed.</p> <p><b>Immediate Action Taken:</b> On 1/07/2020 a meeting with Chief Executive Officer (CEO), Chief Clinical Officer (CCO) and leadership team was held to review the survey exit findings. The leadership team reviewed H-PC-05-006 Administration of Enteral Nutrition no changes were needed; however further education to RNs&amp; LPNS was needed. All in-house patients were immediately evaluated and documentation was found accurate and align with policy.</p> <p><b>System Changes:</b> -A formal education program was initiated 1/28/2020 and will be ongoing to mitigate further deficiencies. 100% of direct nursing staff education on documentation of routine monitoring of gastric residual volume will be facilitated in Nursing Huddles, Town Hall meetings and through one-on-one education.</p> <p>Monitoring:</p>	03/13/2020
--	--	--------	--	------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152013	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL INDIANAPOLIS NORTH	STREET ADDRESS, CITY, STATE, ZIP COD 8060 KNUE ROAD INDIANAPOLIS, IN 46250
---	--

(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
			<p>The Nursing Supervisor or designee will monitor a 100% compliance of staff documentation of gastric residual volume in the medical record daily.</p> <p>Weekly the Director of Quality Management will track compliance with gastric residual volume documentation interventions and reports to the CCO any trends or patterns.</p> <p>Any deficient practice or trends will require an action plan and will be reported to Leadership.</p> <p>All audit/monitoring results are incorporated into the QAPI plan via aggregation, analysis and reporting will occur through the Patient Safety and Reliability Committee, Quality Council, Medical Executive Committee (MEC) and the Governing Board for three months or until compliance is sustained.</p> <p><b>Responsible Person:</b> Chief Clinical Officer</p> <p><b>Date Deficiency Corrected:</b> 3/13/2020</p>	