STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	154064	A. BUILDING _____ B. WING _____	C 02/25/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSURANCE HEALTH PSYCHIATRIC HOSPITAL	900 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214

(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
A 000	INITIAL COMMENTS This visit was for investigation of a Federal hospital complaint. Complaint Number: IN00319990 Substantiated: Federal deficiencies related to the allegations are cited. Survey Date: 2/25/20 Facility Number: 013899 QA: 3/5/20	A 000		
A 144	PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2) The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Based on document review and interview the facility failed to ensure care in a safe setting related to fall risk precautions in 1 (patient 1) of 10 medical records (MR) reviewed: Findings include: 1. Patient 1's MR: Review of Admission Assessment dated 1/22/20 at 2251 hours per staff N5 (Registered Nurse [RN]) indicated: "...Fall Risk Assessment: Total 96 (High Fall Risk = Score of 90 or greater)...". Review of Care Plan/Falls Treatment Plan dated 1/22/20 lacked documentation high fall risk interventions were initiated on admission (1/22/20). 2. Policy/procedure, Policy Number: RE 16, Psychiatric Patient Rights, revised/reviewed 9/19,	A 144		4/1/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 144	Continued From page 1 indicated: A. Page 1: "You have the right to: 4. Be treated in a safe environment..." B. Page 2: "A current individualized treatment plan that addresses your needs. Your individualized treatment plan will be specific and identify appropriate and adequate services...". 3. On 2/25/20 at approximately 1200 hours, staff N7 (Director of Nursing) was interviewed and confirmed patient 1 experienced a fall on 1/26/20 at 0600, 1600 and 2030 hours; 1/30/20 at 0700 hours and 2/1/20 at 0747 hours. Staff N7 confirmed staff failed to initiate high fall risk precautions on admission (1/22/20). Staff N7 confirmed staff failed to follow patient 1's individualized treatment plan by ensuring high risk fall precautions were implemented on admission (1/22/20).	A 144		
A 395	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on document review and interview the facility failed to ensure nursing staff followed their policies/procedures related to patients assessed to be high risk for falls in 1 (patient 1) of 10 medical records (MR) reviewed: Findings include: 1. Review of patient 1's MR lacked documentation high fall risk interventions were initiated on admission (1/22/20) and lacked documentation of neurochecks post-fall on	A 395		4/3/20

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A 395	Continued From page 2	A 395		

1/26/20 at 1600 hours. Review of patient 1's MR also lacked documentation staff updated the PM Shift Patient Monitoring Round forms on 1/26/20, 1/29/20, 1/30/20, 1/31/20 and 2/1/20 indicating current precaution levels including precaution for high fall risk.

2. Policy/procedure. Policy Number: NU09, Fall Prevention Protocol, revised/reviewed 12/17, indicated: "All patients admitted to Assurance Health will be placed on fall prevention protocol. High Risk Fall Interventions/Identifiers: All low risk interventions plus one or more of the following...".

3. Policy/procedure, Policy Number: NU 3, Assessment Neurological, revised/reviewed 9/2018, indicated: "The Registered Nurses assigned to the patient will provide neurological assessments and reassessments when a neuro deficit is suspected, or the assessments are ordered by a physician or post fall events and the patient has hit his/her head".

4. Policy/procedure, Policy Number: NU 60, Patient Rounding, revised/reviewed 9/18, indicated: "To provide guidelines for insuring a safe and therapeutic environment...All staff assigned will update the round sheets during their shift to reflect any changes in precaution level, room or bed changes".

5. On 2/25/20 at approximately 1200 hours, staff N7 (Director of Nursing) was interviewed and confirmed patient 1 experienced a fall on 1/26/20 at 0600, 1600 and 2030 hours; 1/30/20 at 0700 hours and 2/1/20 at 0747 hours. Staff N7 confirmed staff failed to initiate high fall risk precautions on admission (1/22/20). Staff N7 confirmed patient 1's MR lacked documentation

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A 395	Continued From page 3 of neurological checks post-fall on 1/26/20 at 1600 hours as directed per medical staff D3. Staff N7 confirmed staff did not follow the facility's policy/procedure for patient rounding by failing to document patient 1's precaution levels, including high risk for falls.	A 395		