

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150024	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2023
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NAME OF PROVIDER OR SUPPLIER ESKENAZI HEALTH	STREET ADDRESS, CITY, STATE, ZIP COD 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202
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S 0000 Bldg. 00	<p>This visit was for the investigation of 2 state licensure hospital complaints.</p> <p>Complaint Number: IN00396799- Deficiency related to the allegations is cited at tag 0102.</p> <p>Complaint Number: IN0398100- No deficiencies related to the allegations are cited.</p> <p>Date: 02/01/2023</p> <p>Facility Number: 005023</p> <p>QA: 2/22/23</p>	S 0000	Please see narrative under S0102.	
S 0102 Bldg. 00	<p>410 IAC 15-1.2-1 COMPLIANCE WITH RULES 410 IAC 15-1.2-1 (a)</p> <p>(a) All hospitals shall be licensed by the department and shall comply with all applicable federal, state, and local laws and rules.</p> <p>Based on document review the facility failed to ensure that IC 16-34-2-5 was followed for 1 of 17 medical records (MR)(Pt #9).</p> <p>Findings include;</p> <p>1. Review of IC 16-34-2-5 indicates the following; (a) Every health care provider who performs a surgical abortion or provides, prescribes, administers, or dispenses an abortion inducing drug for the purposes of inducing an abortion shall report the performance of the abortion or the provision, prescribing, administration, or dispensing of an abortion</p>	S 0102	<p>Prior to September 2022, providers completed all their own TPRs. There was not an identified individual to track each step of a process to ensure TPRs were submitted in compliance with our internal policy and the law. Policy 950-314, Lawful Abortion in Indiana, was reviewed and edited based on law changes and approved on October 13, 2022. The process that was developed to align procedures with this policy were put in place in September</p>	07/05/2023

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.

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	<p>inducing drug on a form drafted by the state department, the purpose and function of which shall be the improvement of maternal health and life through the compilation of relevant maternal life and health factors and data, and a further purpose and function shall be to monitor all abortions performed in Indiana to assure the abortions are done only under the authorized provisions of the law. For each abortion performed and abortion inducing drug provided, prescribed, administered, or dispensed, the report shall include, among other things, the following:</p> <ol style="list-style-type: none"> (1) The age of the patient. (2) Whether a waiver of consent under section 4 of this chapter was obtained. (3) Whether a waiver of notification under section 4 of this chapter was obtained. (4) The date and location, including the facility name and city or town, where the: <ol style="list-style-type: none"> (A) pregnant woman: <ol style="list-style-type: none"> (i) provided consent; and (ii) received all information; required under section 1.1 of this chapter; and (B) abortion was performed or the abortion inducing drug was provided, prescribed, administered, or dispensed. (5) The health care provider's full name and address, including the name of the physicians performing the abortion or providing, prescribing, administering, or dispensing the abortion inducing drug. (6) The city and county where the pregnancy termination occurred. (7) The age of the father, or the approximate age of the father if the father's age is unknown. (8) The patient's county and state of residence. (9) The marital status of the patient. (10) The educational level of the patient. 		<p>2022. The process involved with the proper filing of TPRs (Terminated Pregnancy Reports) to be in compliance with Indiana law includes the following: Following a procedure requiring the submission of a TPR, the provider completes a worksheet and notifies the Bereavement Coordinator, Eskenazi Health's primary liaison for completing reports before obtaining the provider signature, that there is a report to complete; the Bereavement Coordinator enters the data from the worksheet in DRIVE and notifies the provider the TPR is ready for certification; the provider certifies the TPR in DRIVE within 30 days after the date an abortion for patients who are 16 years of age and older. For patients under 16 years of age, the TPR must be submitted within 3 days after the abortion to IDOH and DCS. TPRs are submitted electronically to DCS via email to dcshotlinereports@dcs.in.gov; the Bereavement Coordinator prints the TPR and scans it into EPIC for inclusion in the patient's medical record; the copy of the physician certified TPR is maintained in a paper file. The Bereavement Coordinator also maintains an Excel spreadsheet for every procedure and the accompanying TPR. The spreadsheet includes dates when the TPR was certified by the provider, when the TPR was</p>	

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	<p>(11) The race of the patient.</p> <p>(12) The ethnicity of the patient.</p> <p>(13) The number of the patient's previous live births.</p> <p>(14) The number of the patient's deceased children.</p> <p>(15) The number of the patient's spontaneous pregnancy terminations.</p> <p>(16) The number of the patient's previous induced terminations.</p> <p>(17) The date of the patient's last menses.</p> <p>(18) The physician's determination of the gestation of the fetus in weeks.</p> <p>(19) Whether the patient indicated that the patient was seeking an abortion as a result of being: (A) abused; (B) coerced; (C) harassed; or (D) trafficked.</p> <p>(20) The following information concerning the abortion or the provision, prescribing, administration, or dispensing of the abortion inducing drug: (A) The postfertilization age of the fetus (in weeks). (B) The manner in which the postfertilization age was determined. (C) The gender of the fetus, if detectable. (D) Whether the fetus has been diagnosed with or has a potential diagnosis of having Down syndrome or any other disability. (E) If after the earlier of the time the fetus obtains viability or the time the postfertilization age of the fetus is at least twenty (20) weeks, the medical reason for the performance of the abortion or the provision, prescribing, administration, or dispensing of the abortion inducing drug.</p> <p>(21) For a surgical abortion, the medical procedure</p>		<p>printed and placed in a binder and the date when scanned into the patient's chart. This spreadsheet is monitored weekly by the Bereavement Coordinator to ensure compliance of the process and the specific timelines for completion.</p> <p>**I attempted to enter the actual correction date of 10/13/2022 but the system would not allow me to submit with this correction date.</p>	

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

PRINTED: 07/13/2023

FORM APPROVED

OMB NO. 0938-039

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	<p>used for the abortion and, if the fetus was viable or had a postfertilization age of at least twenty (20) weeks:</p> <p>(A) whether the procedure, in the reasonable judgment of the health care provider, gave the fetus the best opportunity to survive;</p> <p>(B) the basis for the determination that the pregnant woman had a condition described in this chapter that required the abortion to avert the death of or serious impairment to the pregnant woman; and</p> <p>(C) the name of the second doctor present, as required under IC 16-34-2-3(a)(3).</p> <p>(22) For a nonsurgical abortion, the precise drugs provided, prescribed, administered, or dispensed, and the means of delivery of the drugs to the patient.</p> <p>(23) For a nonsurgical abortion, that the manufacturer's instructions were provided to the patient and that the patient signed the patient agreement.</p> <p>(24) For an early pre-viability termination, the medical indication by diagnosis code for the fetus and the mother.</p> <p>(25) The mother's obstetrical history, including dates of other abortions, if any.</p> <p>(26) Any preexisting medical conditions of the patient that may complicate the abortion.</p> <p>(27) The results of pathological examinations if performed.</p> <p>(28) For a surgical abortion, whether the fetus was delivered alive, and if so, how long the fetus lived.</p> <p>(29) Records of all maternal deaths occurring at the location where the abortion was performed or the abortion inducing drug was provided, prescribed, administered, or dispensed.</p> <p>(30) The date the form was transmitted to the state</p>			

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	<p>department and, if applicable, separately to the department of child services.</p> <p>(b) The health care provider shall complete the form provided for in subsection (a) and shall transmit the completed form to the state department, in the manner specified on the form, within thirty (30) days after the date of each abortion.</p> <p>2. Review of Pt #19's Terminated Pregnancy Report (TPR) indicates the patient had a medication abortion on 04/14/2022 & the TPR was submitted to the Indiana Department of Health (IDOH) on 06/02/2022.</p> <p>3. Review of a TPR with a date of submission of 06/02/2022 to the IDOH indicated a medication abortion was performed by MD #2 for Pt #19 on 04/14/2022.</p> <p>4. Based on email response on 02/20/2023 at 1221 hours, IDOH #1 confirmed that the TPR for Pt #19 was submitted greater than 30 days.</p>			