STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005051	A. BUILDING: _____ B. WING _____	C 12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD INDIANAPOLIS, IN 46202

(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) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for the investigation of two (2) state licensure hospital complaints. Complaint Number: IN003160609 Unsubstantiated: Lack of sufficient evidence. Unrelated deficiency cited. Complaint Number: IN00242671 Unsubstantiated: Lack of sufficient evidence Unrelated deficiency cited. Date: 12/10/2019 and 12/11/2019 Facility Number: 005051 QA: 12/18/19	S 000		
S 936	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(6) (b) The nursing service shall have the following: (6) All nursing personnel shall demonstrate and document competency in fulfilling assigned responsibilities. This RULE is not met as evidenced by: Based on document review and interview the facility failed to ensure documentation of orientation for 1 of 2 Emergency Department Registered Nurse personnel files reviewed (S9's). Findings include: 1. Review of S9's (Emergency Department Registered Nurse) personnel file lacked	S 936		1/16/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005051	A. BUILDING: _____ B. WING _____	C 12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD INDIANAPOLIS, IN 46202

(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) COMPLETE DATE
S 936	Continued From page 1 documentation of orientation to the emergency department. 2. Interview on 12/11/2019, at approximately 14:34 hours with N5 (Accreditation Regulatory Consultant) confirmed S9's personnel file lacked documentation of orientation to the emergency department.	S 936		