

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

PRINTED: 11/12/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/09/2024	
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH				STREET ADDRESS, CITY, STATE, ZIP COD 1701 N SENATE BLVD INDIANAPOLIS, IN 46202			
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A 0000 Bldg. 00	This visit was for the investigation of a Federal hospital complaint. Complaint IN00442461 - Deficiencies related to the allegations are cited at A0395. Survey dates: 10/08/2024 - 10/09/2024 Facility Number: 005051 QA: 10/21/24			A 0000			
A 0395 Bldg. 00	482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. Based on document review and interview, nursing services failed to ensure supervision of nursing care by failing to perform one of the 5 rights, right dose, for 1 medical record (MR) reviewed (P9); and failed to ensure completion of an incident report (IR) related to patient leaving against medical advice (AMA) in 1 out of 10 patient MRs reviewed (P9). Findings include: 1. Facility Policy/procedure titled, "Medication Administration and Management," publication date 05/08/2023, indicates the following: VI. Procedures: Administration: B. The team member administering medications must perform the 5 rights plus 4 checks (9 rights) on all medications prior to administering them to a			A 0395	A0395 Plan of Correction Text: 1. Medication Administration and Management: Failing to perform one of the 5 rights, right dose: IVF laware totals not signed, patient frequently ambulating with pump paused and disconnected, missing clinical note related to fluids not running. Unit leadership will reinforce nursing staff to improve the use of iaware correctly and provide a reminder to sign fluid totals each shift through tier 1 huddles and safe handoff checklist that includes (as of October 2024) iaware signing beginning 11/6/2024. Unit team leads verify safe handoff checklists completed		12/01/2024

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

TITLE

(X6) DATE

Heidi Coffey

Accreditation and Regulatory Manager

11/11/2024

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>patient. This includes right patient, right medication, right dose, right time, right route, right documentation, right action, right form, and right response. If bar code scan technology is available, scan patient identification band and patient medication.</p> <p>2. Facility Policy/procedure titled, "Patient Leaving Against Medical Advice (AMA)," publication date 02/01/2023 indicates under: Policy: VI. PROCEDURES: A. The patient requests to leave AMA. 5. Complete an incident report in the web-based incident reporting system.</p> <p>3. Review of P9 MR indicated the patient was admitted on 08/27/24: a. On 08/27/24 at 1202 hours P9 had orders to be nothing by mouth (NPO) except sips of water and Lactated Ringers 110 milliliters (ml) per hour, continuous infusion. On 08/27/24 MR indicated 605.57 ml was infused. Per order, it should have infused 1320 ml over 12 hours. On 08/28/24 at 0826 hours, P9 had an order for clear liquid diet, start no fluid restrictions, and Dextrose 5% Sodium Chloride 0.45% PREMIX + Potassium Chloride PREMIX IV (Intravenous) continuous 84 ml per hour. On 08/28/24 MR indicated 1218.42 ml was infused over 24 hours. Per order, it should have infused 2016 ml over 24 hours. On 08/29/24 at 0721 hours, P9 had an order for full liquid diet, no fluid restrictions, and Dextrose 5% Sodium Chloride 0.45% PREMIX + Potassium Chloride PREMIX IV continuous 42 ml per hour. On 08/29/24 MR indicated 606.49 ml was infused. Per order, it should have infused 1008 ml over 24 hours.</p>				<p>by each nurse every shift for 30 days.</p> <p>Secondary IV fluids infusions may disrupt primary IV total fluid volumes as well as providers approving pump pause and disconnections for patients.</p> <p>2. AMA Process: Nursing Leadership will reinforce Patient Leaving Against Medical Advice (AMA) Policy in tier 1 huddles, rounding and monitor compliance. AMAs will be reported to department leadership through escalation process.</p> <p>Prevent Recurrence: 1. Medication Administration and Management: Unit manager or delegated charge nurse will audit iaware signing/IVF totals with Cerner chart reviews on 10 random patient charts per week for 30 days or until 2 consecutive weeks achieve 100% compliance. 2. AMA Process: Manager to audit AMA and incident report completions for 6 months or until there are no identified deviations from standard. Role Responsible: Clinical Manager Completion Date: 12/1/24</p>		

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	<p>On 08/30/24 at 0528 hours, P9 had an order to be NPO except ice chips and Dextrose 5% Sodium Chloride 0.45% PREMIX + Potassium Chloride PREMIX IV continuous 84 ml per hour. On 08/30/24 MR indicated 470.24 ml was infused. Per order, it should have infused 2016 ml over 24 hours.</p> <p>On 08/31/24 at 0528 hours, orders continue from 08/30/24, NPO except ice chips and Dextrose 5% Sodium Chloride 0.45% PREMIX + Potassium Chloride PREMIX IV continuous 84 ml per hour. On 08/31/24 MR indicated 782.85 ml was infused. Per order, it should have infused 2016 ml over 24 hours.</p> <p>On 09/01/24 at 1737 hours, P9's diet was changed to NPO except medications, Dextrose 5% Sodium Chloride 0.45% PREMIX + Potassium Chloride PREMIX IV continuous 125 ml per hour. On 09/01/24 MR indicated 0 ml was infused. Per order, it should have infused 3000 ml over 24 hours.</p> <p>b. P9 MR indicated on discharge summary P9 requested to leave F1 against medical advice (AMA). MR indicated P9 had the capacity to leave AMA; they signed the AMA form and left. P9 was not medically ready to leave, but left AMA, not tolerating PO and with concern for anastomotic stricture.</p> <p>4. Review of Incident Report Logs from 03/05/24 - 09/05/24 lacked trends related to allegations and indicated there were no incidents related to patients reviewed.</p> <p>5. Interview with A1 (Manager Accreditation & Regulatory), on 10/08/24 at 4:15 p.m., confirmed there were no IR's related to P9 leaving AMA.</p> <p>6. Interview with A2 (Clinical Nurse Specialist), on 10/08/24 at 4:30 p.m., confirmed P9's IV fluids were</p>						

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S 0000 Bldg. 00	<p>not given per physician order.</p> <p>This visit was for the investigation of a State Licensure hospital complaint.</p> <p>Complaint IN00442461 - Deficiencies related to the allegations are cited at S0930.</p> <p>Survey dates: 10/08/2024 - 10/09/2024</p> <p>Facility Number: 005051</p> <p>QA: 10/21/24</p>			S 0000			
S 0930 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and interview, nursing services failed to ensure supervision of nursing care by failing to perform one of the 5 rights, right dose, for 1 medical record (MR) reviewed (P9); and failed to ensure completion of an incident report (IR) related to patient leaving against medical advice (AMA) in 1 out of 10 patient MRs reviewed (P9).</p> <p>Findings include:</p> <p>1. Facility Policy/procedure titled, "Medication</p>			S 0930	<p>S0930 Plan of Correction Text:</p> <p>1. Medication Administration and Management: Failing to perform one of the 5 rights, right dose: IVF laware totals not signed, patient frequently ambulating with pump paused and disconnected, missing clinical note related to fluids not running.</p> <p>Unit leadership will reinforce nursing staff to improve the use of</p>		12/01/2024

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	<p>Administration and Management," publication date 05/08/2023, indicates the following:</p> <p>VI. Procedures:</p> <p>Administration:</p> <p>B. The team member administering medications must perform the 5 rights plus 4 checks (9 rights) on all medications prior to administering them to a patient. This includes right patient, right medication, right dose, right time, right route, right documentation, right action, right form, and right response. If bar code scan technology is available, scan patient identification band and patient medication.</p> <p>2. Facility Policy/procedure titled, "Patient Leaving Against Medical Advice (AMA)," publication date 02/01/2023 indicates under: Policy:</p> <p>VI. PROCEDURES:</p> <p>A. The patient requests to leave AMA.</p> <p>5. Complete an incident report in the web-based incident reporting system.</p> <p>3. Review of P9 MR indicated the patient was admitted on 08/27/24:</p> <p>a. On 08/27/24 at 1202 hours P9 had orders to be nothing by mouth (NPO) except sips of water and Lactated Ringers 110 milliliters (ml) per hour, continuous infusion.</p> <p>On 08/27/24 MR indicated 605.57 ml was infused. Per order, it should have infused 1320 ml over 12 hours.</p> <p>On 08/28/24 at 0826 hours, P9 had an order for clear liquid diet, start no fluid restrictions, and Dextrose 5% Sodium Chloride 0.45% PREMIX + Potassium Chloride PREMIX IV (Intravenous) continuous 84 ml per hour. On 08/28/24 MR indicated 1218.42 ml was infused over 24 hours. Per order, it should have infused 2016 ml over 24 hours.</p>				<p>iaware correctly and provide a reminder to sign fluid totals each shift through tier 1 huddles and safe handoff checklist that includes (as of October 2024) iaware signing beginning 11/6/2024. Unit team leads verify safe handoff checklists completed by each nurse every shift for 30 days.</p> <p>Secondary IV fluids infusions may disrupt primary IV total fluid volumes as well as providers approving pump pause and disconnections for patients.</p> <p>2. AMA Process:</p> <p>Nursing Leadership will reinforce Patient Leaving Against Medical Advice (AMA) Policy in tier 1 huddles, rounding and monitor compliance. AMAs will be reported to department leadership through escalation process.</p> <p>Prevent Recurrence:</p> <p>1. Medication Administration and Management:</p> <p>Unit manager or delegated charge nurse will audit iaware signing/IVF totals with Cerner chart reviews on 10 random patient charts per week for 30 days or until 2 consecutive weeks achieve 100% compliance.</p> <p>2. AMA Process:</p> <p>Manager to audit AMA and incident report completions for 6 months or until there are no identified deviations from</p>		

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