

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154064	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER  ASSURANCE HEALTH PSYCHIATRIC HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 900 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214		
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A 0000  Bldg. 00	<p>This visit was for the investigation of a Federal hospital complaint.</p> <p>Complaint IN00451384 - Deficiencies related to the allegations are cited at: A0145, A0394, and A0398</p> <p>Survey dates: 02/17/25 - 02/19/25</p> <p>Facility Number: 013899</p> <p>QA: 02/24/25</p>	A 0000		
A 0145  Bldg. 00	<p>482.13(c)(3) PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT</p> <p>The patient has the right to be free from all forms of abuse or harassment.</p> <p>Based on document review, observation, and interview, the facility failed to provide patient with protection from abuse for 1 of 1 patient observed in video footage review (P5).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of policy/procedure titled, "Psychiatric Patient Rights," PolicyNo.: RE 16, last revised 08/2018; indicated under: You have the right to: 6. Reasonable protection from physical or emotional abuse or harassment.</li> <li>2. Review of policy/procedure titled, "Recognizing And Reporting Suspected Abuse/Neglect/Exploitation," PolicyNo.: CC.07, last revised 09/2024; indicated under Policy: Patients have the right to be free from mental,</li> </ol>	A 0145	<p>In order to correct standard A145, on 3/12/25, staff were given education on patients being free from abuse, including free from abuse from other patients. Please see attached education. We will also be discussing reporting abuse, even suspicion of abuse, to the Director of Nursing immediately in our all staff meeting with the Chief Executive Officer on 3/11/25. Nursing staff will also be completing the abuse free shift log. The DON is also responsible for monitoring the abuse log. The Quality Manager will be reviewing camera for every patient-to-patient altercation incident report and providing education as needed for any</p>	04/09/2025

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

TITLE

(X6) DATE

Mikah

Duncan

03/12/2025

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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A 0394	<p>physical, sexual and verbal abuse, neglect and exploitation. Indicated under types of abuse: 2.</p> <p>Physical Abuse:</p> <p>A willful infliction of injury by using physical force that may result in bodily injury, physical pain, or bodily function impairment. Examples of physical abuse include, but are not limited to, striking (with or without an object), kicking, hitting, pushing, shoving, shaking, beating, slapping, pinching, and rough handling.</p> <p>3. Review of 01/09/25 comprehensive psychiatric evaluation at 1:05 p.m., P5 indicated another patient tried to attack them as they tried to go into their room and endorsed receiving a skin tear from the patient hitting their hand.</p> <p>4. On 02/17/25 at approximately 11:55 a.m., this surveyor, accompanied by A1 (Quality Manager), viewed video footage of the incident on 01/08/25 involving P5 and P10. In the video, this surveyor observed P5 standing in the hall by the double doors, P10 was wandering around the unit headed towards the double doors. When P10 gets to P5 he/she reached out and grab P5's arm, it appeared as if he/she was smacking P5 and received a skin tear to their hand in the abuse. A8 (Certified Nurse Aide [CNA]) ran to separate both patients. P5 is seen shortly after sitting in the milieu, where A7 (Registered Nurse) takes photos and bandages P5's wound.</p> <p>5. Interview with A1 on 02/17/25 at approximately 12:15 p.m., confirmed after reviewing video footage, on 01/08/25 there was an altercation between P5 and P10, and P5 sustained a skin tear from the incident.</p> <p>482.23(b)(2)</p> <p>LICENSURE OF NURSING STAFF</p>		<p>inappropriate interventions or a lack of intervention for 30 days. Please see attached documentation.</p>	

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Bldg. 00	<p>The nursing service must have a procedure in place to ensure that hospital nursing personnel for whom current licensure is required have a valid and current licensure.</p> <p>Based on document review and interview, facility failed to ensure all hospital nursing personnel for whom a current license is required, had a valid and current license for 1 of 5 nursing personnel files reviewed. [A7 (Registered Nurse)]</p> <p>Finding include:</p> <ol style="list-style-type: none"> <li>1. Review of National Council State Boards of Nursing, Nurse Licensure Compact indicated under 1. Issued in your primary state of residence (PSOR). 4. When you change your PSOR (relocate) to another compact state, you need to apply for that state's nursing license within 60 days of relocating. You can only practice on your former multistate license until you are issued your new multistate license from your new PSOR. The former license then becomes invalid.</li> <li>2. Review of A7 personnel file indicated a professional compact licensure issued from S1 (Another State). A7's date of hire with facility was 11/09/2022.</li> <li>3. Review of A7's driver's license listed residence as S2 (Current State).</li> <li>4. Interview with A2 (Chief Executive Officer [CEO]), on 02/17/25 at approximately 1:50 p.m., confirmed A7 is working on a compact license from S1 and has been employed at facility since 2022. A2 confirmed A7 needed an S2 nursing license and did not have one in personnel file.</li> </ol>	A 0394	<p>To correct standard A 394, Assurance will be using a new method to ensure all employee files are up to date and correct. Please see the attached file audit form. This form will be updated with each new employee and at any time there is a change in paperwork. All employee files are currently being audited by CEO and HR. Once complete, it will then be audited quarterly by HR.</p>	03/31/2025

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A 0398  Bldg. 00	<p>482.23(b)(6)</p> <p><b>SUPERVISION OF CONTRACT STAFF</b></p> <p>All licensed nurses who provide services in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of all nursing personnel which occur within the responsibility of the nursing service, regardless of the mechanism through which those personnel are providing services (that is, hospital employee, contract, lease, other agreement, or volunteer).</p> <p>Based on document review and interview, facility failed to ensure immediate completion of an incident report when a patient-to-patient incident occurred for 1 of 10 patient medical records reviewed (P5).</p> <p>Findings include:</p> <p>1. Review of policy/procedure titled, "Reportable Incidents," PolicyNo.: NR.36, last revised 03/2024; indicated under policy: reportable incidents are to be completed on state appropriate form and submitted to the applicable state department. Indicated under procedure: reportable incident notification must be completed within 24 hours of the date of discovery when incident occurs. Indicated under reportable incidents: assault by non-staff with injury: physical, involving a patient.</p> <p>2. Review of policy/procedure titled, "Incident Reports," PolicyNo.: NR.11, last revised 03/2024; indicated under procedure: an incident report should be completed immediately when an incident occurs. Indicated under what should be reported: assault - patient on patient. Indicated</p>	A 0398	<p>In order to correct A 395 standard, on 3/1/25, staff were given education on incident reporting regarding how and when to complete incident reports. Following the All-Staff meeting with the CEO on 3/11/25, nursing staff will be signing a log stating that they have filled out and documented any incident that has occurred on their shift. This log will be completed twice a day for 30 days. DON is responsible for supervising this log. Nursing staff are instructed to notify the Clinical Team Announcement thread of any incidents, including patient to patient incidents. The QM will remind nursing staff to complete an incident report with each notification and will monitor the thread and incident reports to ensure completion has occurred.</p>	04/09/2025

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	<p>under when should the incident report be completed: all incident reports must be completed and given to charge nurse or Director of Nursing (DON) for review prior to the end of the scheduled shift.</p> <p>3. Review of 01/09/25 comprehensive psychiatric evaluation at 1:05 p.m., P5 indicated another patient tried to attack them as they tried to go into their room and endorsed receiving a skin tear from the patient hitting their hand.</p> <p>4. On 02/17/25 at approximately 11:55 a.m., this surveyor, accompanied by A1 (Quality Manager), viewed video footage of the incident on 01/08/25 involving P5 and P10. In the video, this surveyor observed P5 standing in the hall by the double doors, P10 was wandering around the unit headed towards the double doors. When P10 gets to P5 he/she reached out and grab P5's arm, it appeared as if he/she was smacking P5 and received a skin tear to their hand in the abuse. A8 (Certified Nurse Aide [CNA]) ran to separate both patients. P5 is seen shortly after sitting in the milieu, where A7 (Registered Nurse) takes photos and bandages P5's wound.</p> <p>5. Interview with A1 (Quality Manager) on 02/17/25 at approximately 12:35 p.m., confirmed there was not an incident report (IR) regarding the altercation on 01/08/25 between P5 and P10.</p> <p>6. Interview with A2 (Chief Executive Officer [CEO]) on 02/17/25 at approximately 12:40 p.m., confirmed there was not an IR regarding the altercation on 01/08/25 between P5 and P10.</p>			