

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

PRINTED: 12/04/2018
FORM APPROVED
OMB NO. 0938-0391

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 09/20/2018	
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00215302</p> <p>Substantiated: deficiency related to allegation is cited.</p> <p>Date: 9/20/2018</p> <p>Facility Number: 005051</p> <p>QA: 10/1/18</p>		S 0000				
S 1904 Bldg. 00	<p>410 IAC 15-1.6-6 REHABILITATION SERVICES 410 IAC 15-1.6-6(a)</p> <p>(a) If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, speech pathology, or other therapy services, the service shall meet the needs of the patients served, within the scope of the service offered, in accordance with acceptable standards of practice.</p> <p>Based on document review and interview, the facility failed to ensure therapy services were received as ordered for 4 (patient 1, 2, 3, 4) of 5 patient's medical records reviewed.</p> <p>Findings include:</p> <p>1. Review of facility policy, REFERRAL INITIATION AND TREATMENT FREQUENCY, approved 6/30/2016, indicated</p>		S 1904	<p>Corrective Action(s) Completed:</p> <p>IN 2018, physical therapy budgeted FTE was increased from 44 to 47.52 which allowed for greater flexibility in staffing to demand. Post citation a comprehensive analysis was done that demonstrated physical therapy standard of care was to see every patient every day. This</p>		11/28/2018	

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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>the following. Inpatient-Team Leader or therapist identified as point person will be responsible for evaluating new patient referrals for purpose of leveling the evaluation and to assign to the appropriate therapist based on team assignments.</p> <p>2. Review of patient 1's medical record (MR) indicated the following. Physical therapy ordered daily on 11/11/2016, discontinued on 11/18/16, due to discharge. Patient 1's (MR) lacked indication that physical therapy was received on 11/12/2016, 11/14/2016 and 11/17/2016.</p> <p>3. Interview on 9/20/2018, at approximately 11:45 am. with N3 (Clinical Informatics Registered Nurse) confirmed the above.</p> <p>4. Review of patient 2's (MR) indicated the following. Physical therapy ordered daily on 11/30/2016, discontinued on 12/04/2016, due to discharge. Patient 2's (MR) lacked documentation that physical therapy was received on 12/2/2016.</p> <p>5. Interview on 9/20/2018, at approximately 10:54 am. with N3, confirmed the above.</p> <p>6. Review of patient 3's (MR) indicated the following. Physical therapy ordered daily on 11/10/2016, discontinued on 11/14/2016, due to discharge. Patient 3's (MR) lacked documentation of physical therapy on 11/12/2016 and 11/13/2016.</p> <p>7. Interview on 9/20/2018, at approximately 1:12 pm. with N3 confirmed the above.</p> <p>8. Review of patient 4's (MR) indicated the following. Physical therapy ordered daily on 11/13/2016, discontinued on 11/23/2016, due to discharge. Patient 4's (MR) lacked documentation of treatment on 11/18/2016 and 11/19/2016.</p>		<p>was not individualized based on need which created overutilization of physical therapy when therapy was not needed. Education has been developed and implemented focusing on adjusting therapy plan of care based on patient needs. Thereby decreasing unnecessary therapy visits and allowing physical therapy supervisors to deploy therapist where they are needed. Education was also given to therapist on completing documentation when there is a reason as to why a patient did not receive therapy due to refusal.</p> <p>Monitoring: Chart audits will be done monthly to assure the documentation regarding the therapy plan of care and proper frequency is completed. These results will be shared with the leadership team.</p> <p>Responsible Person(s): The director of Acute Care is ultimately accountable for ensuring that patients receive therapy following their plan of care. The Acute Care manager is accountable to ensure team members have a clear understanding on documentation regarding therapy plan of care to meet the patients' needs.</p>				

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	<p>8. Interview on 9/20/2018, at approximately 1:20 pm. with N3 confirmed the above.</p> <p>9. Interview on 9/20/2018, at approximately 1:38 pm. with N4 (Director Acute Care Rehabilitation) confirmed if there are not enough therapists to see all the patients, then the patients with a higher acuity are seen first. N4 did not have a answer for why nothing is noted in the patient medical record when therapy session is not received. N4 indicated staffing for 2016, for physical therapy was critically low.</p>						