STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150056	A. BUILDING 00 B. WING	01/30/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for investigation of a state licensure hospital complaint. Complaint Number: IN00397022- State deficiency related to the allegation is cited at tag #0102. Date: 01/30/2023 Facility Number: 005051 QA: 2/15/23 Face to Face IDR was requested by the faciltiy on 6/2/2023 for state tag S102. The IDR was conducted face to face on 6.29/23 at the IDOH and the committee determined that no change will be made.	S 0000		
S 0102 Bldg. 00	410 IAC 15-1.2-1 COMPLIANCE WITH RULES 410 IAC 15-1.2-1 (a) (a) All hospitals shall be licensed by the department and shall comply with all applicable federal, state, and local laws and rules. 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). Findings include; 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	S 0102	Preparation and execution of this Response and Plan of Correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it	08/18/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lisa Cagle	Director, System Accreditation & Regulatory	07/20/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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 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: (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: (A) pregnant woman: (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		is required by the provisions of state law. **1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.** The Termination of Pregnancy Form was previously submitted by the physician. IU Health has reviewed its termination of pregnancy policies and procedures for compliance with all regulations applicable to hospital licensure. IU Health has reviewed the requirements under Indiana Code Section 16-34-2-5 and made a determination that it is a physician responsibility to submit Termination of Pregnancy forms within thirty (30) days after the date of each abortion. By August 18, 2023 IU Health will provide additional education to physicians providing termination of pregnancy services on their obligation to submit the termination of pregnancy form within the required time frames. **2. How are you going to prevent the deficiency from recurring in the future?** IU Health has implemented workflows within its electronic medical record which will trigger reminders to credentialled physicians of their obligation to complete a termination of pregnancy report. Upon notice	

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	unknown. (8) The patient's county and state of residence. (9) The marital status of the patient. (10) The educational level of the patient. (11) The race of the patient. (12) The ethnicity of the patient. (13) The number of the patient's previous live births. (14) The number of the patient's deceased children. (15) The number of the patient's spontaneous pregnancy terminations. (16) The number of the patient's previous induced terminations. (17) The date of the patient's last menses. (18) The physician's determination of the gestation of the fetus in weeks. (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. (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		from the Indiana Department of Health of any late-filed related to a procedure performed in our hospital, we will inform the physician and provide re-education within 15 days. **3. Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?** VP, Chief Compliance Officer **4. By what date are you going to have the deficiency corrected?** Re-education will be completed by August 18, 2023	

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	the performance of the abortion or the provision, prescribing, administration, or dispensing of the abortion inducing drug. (21) For a surgical abortion, the medical procedure used for the abortion and, if the fetus was viable or had a postfertilization age of at least twenty (20) weeks: (A) whether the procedure, in the reasonable judgment of the health care provider, gave the fetus the best opportunity to survive; (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 (C) the name of the second doctor present, as required under IC 16-34-2-3(a)(3). (22) For a nonsurgical abortion, the precise drugs provided, prescribed, administered, or dispensed, and the means of delivery of the drugs to the patient. (23) For a nonsurgical abortion, that the manufacturer's instructions were provided to the patient and that the patient signed the patient agreement. (24) For an early pre-viability termination, the medical indication by diagnosis code for the fetus and the mother. (25) The mother's obstetrical history, including dates of other abortions, if any. (26) Any preexisting medical conditions of the patient that may complicate the abortion. (27) The results of pathological examinations if performed. (28) For a surgical abortion, whether the fetus was delivered alive, and if so, how long the fetus lived. (29) Records of all maternal deaths occurring at the location where the abortion was			

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	performed or the abortion inducing drug was provided, prescribed, administered, or dispensed. (30) The date the form was transmitted to the state department and, if applicable, separately to the department of child services. (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. 2. Review of Pt #9's Terminated Pregnancy Report (TPR) indicates the patient had a surgical abortion on 05/19/2022 & the TPR was submitted to the Indiana Department of Health (IDOH) on 06/22/2022. 3. Review of a TPR with a date of submission of 06/22/2022 to the IDOH indicated a surgical abortion was performed by MD #1 for Pt #9 on 05/19/2022. 4. Based on email response on 02/20/2023 at 1221 hours, IDOH #1 confirmed that the TPR for Pt #9 was submitted greater than 30 days.			