

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

PRINTED: 06/05/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  150089		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/02/2025	
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 2401 UNIVERSITY AVE MUNCIE, IN 47303			
(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	<p>This visit was for investigation of a State Licensure Hospital complaint.</p> <p>Complaint Number: IN00441443 - Deficiency related to the allegation is cited (S0930).</p> <p>Date of Survey: 4/02/2025</p> <p>Facility Number: 005079</p> <p>QA: 5/7/2025</p>			S 0000			
S 0930  Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>Based on document review and interview, nursing services failed to provide safe and effective pain management as part of their plan of care in 1 of 5 medical records reviewed (Patient 3).</p> <p>Findings Include:</p> <p>1. Facility Policy Titled: Pain Management, no policy number, last reviewed 7/09/2024, indicated: V. Policy Statements. The standard of care for the Indiana University Health ECR is to partner with every patient to provide safe and effective pain management as part of their plan of care. VI. Procedures. B. Establish realistic pain goals based on functional ability/status. Develop an individualized pain plan of care involving the patient as patient condition allows. C. Reassess and respond to patient's pain plan throughout Registered Nurse's (RN) shift. 6. If current pain management plan is not effective, consider</p>			S 0930	<p>1. "Pain Management" policy was reviewed with RN team members</p> <p>2. Education was also provided on pain documentation expectations for all RNs. A sign in sheet was utilized to ensure all team members completed and understood the expectations.</p> <p>3. A Quick Tips sheet for pain was created and shared with staff that covered expectations for assessing and re-assessing pain, pharmacological and non-pharmacological pain interventions and documentation of these interventions, documentation of patient's pain goal, and expectations of when to notify the provider of patient's pain level.</p> <p>4. Staff education for pain will be</p>		05/31/2025

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

TITLE

(X6) DATE

Karen Irelan

Consultant Accreditation/Regulatory

05/27/2025

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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	<p>implementation of additional interventions, if appropriate or contact patient's provider.</p> <p>2. Review of patient 3's medical record indicated patient reported pain on initial triage of 6/10.</p> <p>a. Patient 3's MR lacked documentation of pharmacological and/or non-pharmacological pain interventions administered during patient's stay.</p> <p>b. Patient 3's MR lacked documentation of patient's pain goals in the plan of care.</p> <p>c. Patient 3's MR lacked documentation of RN notification to provider of patient's reported pain 6/10 that was unchanged during facility stay.</p> <p>3. In interview on 4/02/25 at approximately 2:45 pm, A1 (Registered Nurse, Quality Coordinator) confirmed that nursing staff did not document patient 3's pain goals, interventions, or provider notification of patient's unchanged reported pain of 6/10.</p>				<p>provided for new RNs to the department during orientation in the ED foundations course.</p> <p>5. Ongoing monitoring will occur. 30 audits will be completed per month for greater than 90% compliance for 3 consecutive months then random audits will be conducted to ensure ongoing compliance.</p> <p>6. The department manager is responsible for ongoing compliance and will review audit results on a weekly basis. Any area of noncompliance will be followed up on and education provided to the noncompliant team member and the progressive discipline process will be followed.</p>		