

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

PRINTED: 07/23/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150030		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/02/2025	
NAME OF PROVIDER OR SUPPLIER HENRY COUNTY MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 1000 N 16TH ST NEW CASTLE, IN 47362			
(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 an investigation of a State Licensure Hospital Complaint.</p> <p>Complaint Number IN00446154 - No deficiencies related to allegations are cited.</p> <p>Complaint Number IN00455076 - Deficiency related to the allegations are cited at A1510.</p> <p>Survey Date: 06/02/2025</p> <p>Facility Number: 005028</p> <p>QA: 06/05/2025</p>			S 0000			
S 1510 Bldg. 00	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES</p> <p>Based on document review and interview, the facility failed to follow safety precautions in a timely manner for suicidal precautions in 1 of 5 (Patient 4) medical records reviewed.</p> <p>Findings include:</p> <p>1. Facility policy titled Suicide-Homicidal Risk Patients, last revised 02/2023, indicated under Observation and Safety, 2. All belongings removed and placed in the nurse's station (including cell phone). Document in EMR per policy.</p> <p>2. Review of Patient 4's medical record indicated the following:</p> <p>a. The patient presented to the Emergency Room on 12/24/2024 with suicidal ideations.</p>			S 1510	<p>A computer based learning module (CBL) through Netlearning will be mandatory re-education for all Emergency Department (ED) staff and Nursing office (Includes all Float staff & House Supervisors) . The purpose of the CBL is to reeducate staff on the Suicidal-Homicidal Risk Patients policy. Each staff member must complete the CBL and pass the quiz with at least an 80%. This education will be completed by 7/7/25. If any staff member is off on vacation or not working, this education will be expected to be completed within 7 days of their return to work. Documentation Job Aid has been created and will be</p>		07/07/2025

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

TITLE

(X6) DATE

Lacy Veyon

Director of Quality/Safety

06/30/2025

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 disclosable 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>b. The provider ordered suicide precautions at 3:23 p.m.; the patient's cell phone was taken from the patient at 7:06 p.m., 3 hours and 43 minutes after provider order.</p> <p>3. Interview with N4 (Registered Nurse) on 06/02/2025 at approximately 3:25 p.m. confirmed the provider order for suicide precautions for patient 4 was at 3:23 p.m. and the medical record indicated the patient's cell phone was taken from the patient at 7:06 p.m.</p> <p>4. Interview with N5 (Registered Nurse) on 06/02/2025 at approximately 4:10 p.m. confirmed that patient belongings including cell phone are removed from the patient's possession when the provider orders suicide precautions.</p>				<p>provided to each ED and Nursing office staff. The Job Aid will be placed in each ED workstation binder. All ED providers will be educated on the policy. Providers will be instructed to communicate with nursing staff if they wish for patients' phones to be returned to them. If ED provider is O.K. with a patient having phone, there must be a communication order placed in the EHR.</p> <p>** A copy of the education can be provided upon request.**</p> <p>10 chart audits of Suicidal and/or Homicidal patients will be completed on a monthly basis by the ED Director. The goal is 100% compliance. Once 100% compliance has been met for 3 consecutive months, an ongoing random audit will be completed on a monthly basis to monitor continued compliance. If/when a deficiency is identified, a face to face chart review will be performed by the ED Director and primary nurse.</p> <p>Primary responsibility of monthly chart audits will be completed by the ED Director.</p> <p>Monthly results will be shared with the Chief Nursing Officer (CNO) .</p>		