STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	150150	A. BUILDING 00 B. WING	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DUPONT HOSPITAL LLC	2520 E DUPONT RD FORT WAYNE, IN 46825

(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 an offsite investigation of a state licensure hospital complaint. Complaint Number: IN00437240- Deficiency related to allegations is cited at Tag A0102. Survey Dates: 07/17/2024, 07/31/2024 & 08/06/2024 Facility Number: 002408 QA: 7/18/24 and 8/20/24	S 0000	1.p dir="ltr" role="presentation"Provider completed and submitted TPR form via the DRIVE portal on 2/8/2024. DEFICIENCY COMPLETED: 2/8/24	
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 & interview the facility failed to ensure that IC 16-34-2-5 was followed for 1 of 1 Terminated Pregnancy Report (TPR)(Pt #1). 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 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	S 0102	How are you going to prevent the deficiency from recurring? p="" dir="ltr" role="presentation" dupont="" hospital="" had="" ongoing="" conversations="" with="" our="" legal="" team="" between="" 11="" 22="" 2023="" and="" 2="" 8="" 2024="" regarding="" the="" situation="" seeking="" clarity="" on="" whether="" responsibility="" fell="" to="" provider="" or="" submit="" tpr="" form,="" since="" law="" (ic="" 6-34-2-5)="" only="" references="" health="" care="" performing="" providng,=""	12/20/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Michelle Law | Chief Quality Officer | 12/09/2024

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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	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 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.		prescribing,="" administering="" dispensing.="" was="" also="" in="" contact="" provider's="" office="" requesting="" confirmation="" that="" timely="" completed="" submitted="" form="" a="" copy="" of="" be="" uploaded="" patient's="" chart="" emr="" upon="" completion.="" 2024.="" provided="" education="" providers="" medical="" staff="" privileges="" at="" 3="" 7="" abortion="" laws="" process,="" including="" responsibility,="" timeframe,="" process="" for="" filing="" tprs.="" deficiency="" corrected="" 24="" 24<="" p="">p="" dir="ltr" role="presentation" dupont="" hospital="" had="" ongoing="" conversations="" with="" our="" legal="" team="" between="" 11="" 22="" 2023="" and="" 2="" 8="" 2024="" regarding="" the="" situation="" seeking="" clarity="" on="" whether="" responsibility="" fell="" to="" provider="" or="" submit="" tpr="" form,="" since="" law="" (ic="" 6-34-2-5)="" only="" references="" health="" care="" performing="" providng,="" prescribing,="" administering="" dispensing.="" was="" also="" in="" contact="" provider's="" office="" requesting="" confirmation="" that="" timely="" completed="" submitted="" form="" a="" copy="" of="" be="" uploaded="" patient's="" chart="" emr="" upon="" completion.=""	

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	(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 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		2024.="" provided="" education="" providers="" medical="" staff="" privileges="" at="" 3="" 7="" abortion="" laws="" process,="" including="" responsibility,="" timeframe,="" process="" for="" filing="" tprs.="" deficiency="" date="" corrected:="" 24="" 24<="" span="">p="" dir="ltr" role="presentation" dupont="" hospital="" had="" ongoing="" conversations="" with="" our="" legal="" team="" between="" 11="" 22="" 2023="" and="" 2="" 8="" 2024="" regarding="" the="" situation="" seeking="" clarity="" on="" whether="" responsibility="" fell="" to="" provider="" or="" submit="" tpr="" form,="" since="" law="" (ic="" 6-34-2-5)="" only="" references="" health="" care="" performing="" providng,="" prescribing,="" administering="" dispensing.="" was="" also="" in="" contact="" provider's="" office="" requesting="" confirmation="" that="" timely="" completed="" submitted="" form="" a="" copy="" of="" be="" uploaded="" patient's="" chart="" emr="" upon="" completion.="" 2024.="" provided="" education="" providers="" medical="" staff="" privileges="" at="" 3="" 7="" abortion="" laws="" process,="" including="" responsibility,="" timeframe,="" process="" for="" filing="" tprs.="" deficiency="" corrected="" 24="" 24<=""	

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	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 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.		span=""> We are working with the appropriate providers and their offices to re-educate and validate they have a process in place to complete necessary elements before (ie. Informed Consent brochure, etc.) and after (ie. TPR Form) a procedure is scheduled to allow for complete compliance with the statute. A new process has been established which includes our Risk Manager monitoring a weekly report to identify an ICD10/procedure code that may indicate an abortion procedure. If a procedure occurred the Risk Manager will contact the provider and his office to request a copy of the TPR form if it has been submitted already. If it has not been submitted the Risk Manager will continue to contact the office until day 30 after the procedure occurred. On day 30 the Risk Manager will complete the TPR form to ensure maintained compliance for our facility. Date of Completion: 12/20/2024 How are you going to monitor to ensure the deficiency does not recur? A weekly monitoring process has been developed that screens ICD10/procedure codes that may indicate an abortion. If there are	

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	(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 documentation from the Indiana Department of Health (IDOH) Vital Records, Pt #1's TPR indicated the patient had an abortion on 11/22/2023. The TPR documentation indicated the TPR was initiated on 02/06/2024. 3. On 07/17/2024 at 1331 hours, IDOH #1 indicated via email that Pt #1's TPR was initiated on 07/11/2023. 4. Called Staff #40 on 07/31/2024 & 08/06/2024 and left voice messages requesting a return call. As of 08/20/2024 no return call from staff #40 and or the facility.		any identified procedures that have not previously been escalated, a chart review will occur by the Risk Manager to identify if an applicable procedure was performed. The Risk Manager will then contact the provider involved and request the Termination of Pregnancy Report (TPR) be completed and submitted on the DRIVE platform and a copy sent to our facility for validation. The Risk Manager will follow up with the provider and their office weekly. If the TPR is not completed by day 30 after the procedure occurred, The Risk Manager and Chief Quality Officer will complete the form to ensure it is completed timely. Date of Completion: 11/13/2024 Who is going to be responsible (title only)? The Risk Manager will be responsible for this process and the Chief Quality Officer will serve as back up. Completed Date: 11/13/2024 Date of all deficiencies will be corrected by 12/20/2024.	