

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150157	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2021
NAME OF PROVIDER OR SUPPLIER ASCENSION ST VINCENT CARMEL		STREET ADDRESS, CITY, STATE, ZIP COD 13500 N MERIDIAN ST CARMEL, IN 46032		
(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 the investigation of a State licensure hospital complaint.</p> <p>Complaint Number: IN00315827</p> <p>Unsubstantiated: Lack of sufficient evidence. Deficiency unrelated to the allegation is cited.</p> <p>Survey Date: 06/07/2021</p> <p>Facility Number: 003932</p> <p>QA: 6/24/2021</p>	S 0000		
S 0256 Bldg. 00	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(a)(2)(A)(B)</p> <p>(a) The Governing Board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following:</p> <p>(2) Ensure that the hospital:</p> <p>(A) meets all rules and regulations for licensure and certification, if applicable; and</p> <p>(B) makes available to the commissioner upon request all reports, records, minutes, documentation, information, and files required for licensure.</p> <p>Based on document review and interview, the facility failed to make available upon request all</p>	S 0256	The Complaint/Grievance Management System Policy	07/06/2021

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 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>reports and/or documentation required for licensure related to completing a Complaint/Grievance Report for 1 of 1 (P6) patients for complaints/grievances requested to review.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> Review of policy titled, "Complaint/Grievance Management Policy", PolicyStat ID: 9135096, last approved 01/2021 (origination 06/2016), indicated on page 1 of 4: <ul style="list-style-type: none"> A. Policy: Management information is confidential and will be shared only with appropriate parties only as it pertains to the investigation, performance improvement, or with the permission of Risk Management and when state or federal agencies request the information. B. Definitions: Complaint: Any verbal concern or complaint shared by a patient/family regarding services received that can be immediately resolved by front line staff or management present at the time of the complaint is made. Review of Incident Report Log from 11/01/2019 to 01/31/2020 had incident logged for P6 on 11/11/2019 at 1016 hours related to "Care provider issues" and this writer requested to review for possible trending nursing service issues, but facility staff refused to provide the document. Unable to verify whether or not content or outcome of complaint/grievance process was followed by facility. Interview on 06/07/21 with S1 (Quality Manager) at 1228 hours, confirmed that per facility policy they did not have to provide ISDH (Indiana State Department of Health) with a copy of the complaint and grievance details for P6. 		<p>states: Management information is confidential and will be shared only with appropriate parties only as it pertains to the investigation, performance improvement, or with the permission of Risk Management and when state or federal agencies request the information.</p> <p>The Ascension St. Vincent Carmel Executive Leadership Team and Regulatory/Accreditation Team were instructed that State and Federal agencies are allowed to review complaint and grievance information and are allowed to take notes from the information. Teams were also educated that State and Federal agencies are only allowed to take the generic complaint and grievance report and/or the patient letter. This education was sent via email with the attachment of the Complaint/Grievance Management System Policy on 7/6/21.</p>	