

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

PRINTED: 04/17/2024
FORM APPROVED
OMB NO. 0938-039

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|--|---|---|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150161 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 03/04/2024 | |
| NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH NORTH HOSPITAL | | | | STREET ADDRESS, CITY, STATE, ZIP COD 11700 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: IN00424455 - Deficiency unrelated to the allegations cited at S930.</p> <p>Survey Date: 03/04/2024</p> <p>Facility Number: 004171</p> <p>QA: 3/12/2024 & 3/14/2024</p> | | | S 0000 | | | |
| S 0930 Bldg. 00 | <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and interview, a Registered Nurse failed to supervise and evaluate the patient care planned related to following hypoglycemic protocol for 1 out of 5 (P1) medical records (MR) reviewed.</p> <p>Findings include:</p> <p>1. Policy titled, "Protocol Management of a Hypoglycemic Episode in the Adult or Pregnant Patient," (no policy number), publication date 02/15/2024, indicated under section V. Procedures: mg/dl.</p> <p>B. Responsive patient with IV access</p> <p>1. For blood glucose less than 70 mg/dl or {less</p> | | | S 0930 | <p>Nurse Manager is responsible for correction of the deficiency. Plan of correction will be completed by 4/4/2024. A review of the Adult Management of a Hypoglycemia protocol was reviewed with team members at huddles and sent in weekly updates. Protocol is printed and located at each accucheck station on the unit for staff to reference. RN involved received 1:1 education on the protocol and how to order it in Cerner.</p> | | 04/04/2024 |

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

TITLE

(X6) DATE

Jennifer Conrad

Accreditation and Regulatory

04/05/2024

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>than 60 mg/dl for pregnant patients):</p> <p>a. Give Dextrose 50% IV push, based on blood glucose level.</p> <p>b. Rationale for treatment: Dose varies based on blood glucose level. The goal is to correct the hypoglycemia while preventing over-treatment of mildly low blood glucose levels that often result in rebound hyperglycemia. The use of IV Dextrose is faster and more effective in correction of hypoglycemia.</p> <p>2. Closely observe the patient for 15 minutes after treatment, then perform a second blood glucose test using a POC device...</p> <p>4. Continue the process of observing for 15 minutes, rechecking and treating if necessary until blood glucose is greater than or equal to 70 mg/dl (60 mg/dl in pregnant patients).</p> <p>5. Notify the provider of the patient's hypoglycemia and nursing action taken.</p> <p>6. Notify the provider for Dextrose IVF orders if patient is NPO without a continuous glucose source: Dextrose IVF, tube feeding, TPN.</p> <p>7. Check blood glucose 90 minutes after resolution of hypoglycemia.</p> <p>2. MR review for P1 indicated on 11/10/2023 at 0305 hours, patient had a blood glucose level of 67 mg/dL; lacked documentation of treatment per hypoglycemic policy/protocol.</p> <p>3. Interview with S1 (Registered Nurse [RN], Regulatory and Administration) and S2 (Registered Nurse [RN], Chief Nursing Officer) at 1123 hours on 03/04/2024, confirmed hypoglycemic protocol should be followed for a blood glucose level under 70 mg/dL; P1 had an untreated blood glucose level of 67 mg/dL.</p> | | | | 2. Prevention of the deficiency: Documentation audits will be completed on patients who have hypoglycemic events ensuring that the hypoglycemia adult protocol was followed on appropriate patients and documentation supports the individual needs of the patient. If the audit shows noncompliance an email is sent to the person who took the blood glucose and the manager to ensure follow up was completed per policy. | | |