

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

PRINTED: 05/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/16/2024
NAME OF PROVIDER OR SUPPLIER ASSURANCE HEALTH PSYCHIATRIC HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
A 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of a federal hospital complaint.</p> <p>Complaint Number: IN00431209 - Federal deficiency unrelated to the allegations is cited at A 0395</p> <p>Survey Date: 4/16/24.</p> <p>Facility Number: 013899</p> <p>QA: 4/25/2024</p>	A 000		
A 395	<p>RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3)</p> <p>A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, nursing services failed to complete an incident report for a patient exposing him/herself and assaulting a staff member in 1 of 10 medical records reviewed. (P1)</p> <p>Findings Include:</p> <p>1. Facility policy titled, INCIDENT REPORTS, policy number NU.28, last reviewed 6/2021, indicated PROCEDURE: An incident report should be completed immediately when an incident occurs. Staff will complete an incident report regarding events occurring within the organization that are out of scope of expected events. All sections of the report that pertain to the event should be completed and the incident report form should be filled out. What WHAT</p>	A 395		5/10/24

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

TITLE

(X6) DATE

05/14/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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A 395	<p>Continued From page 1</p> <p>SHOULD BE REPORTED: Any event that falls outside of the "norm" of expected event or any situation where there has been harm or potential for harm to a patient, family member, visitor, contractor, or employee requires the completion of an H1 Incident Report. Examples include but are not limited to: Falls, Medication errors / variances, Needle Sticks, Restraint, Assault-patient on staff, Assault-patient on patient, Suicide, Suicide attempt / self-harm attempt / self-inflicted injury, Elopement, Property damage, Allegation of abuse or neglect, Discharge against placing agency recommendation, Inappropriate sexual behavior, Physical illness, Deaths, Any physical injury.</p> <p>2. MR (medical record) documentation for P1 indicated on 3/25/24, P1 walked up to another patient in the milieu and exposed himself/herself, staff intervened, P1 became physically aggressive towards staff punching the staff member in the chest and head.</p> <p>3. In an interview on 4/16/24 at approximately 2:52 pm with A1 (Chief Executive Officer) confirmed an incident report was not filed for P1 in relation to him/her exposing him/herself and/or assault of a staff member on 3/25/24 and should have been.</p>	A 395		