

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

PRINTED: 04/01/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150169		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/22/2024	
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL NORTH				STREET ADDRESS, CITY, STATE, ZIP COD 7150 CLEARVISTA DR INDIANAPOLIS, IN 46256			
(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 the investigation of a State Licensure Hospital Complaint. Complaint Number: IN00427879 - Deficiency related to the allegations is cited at S 0912. Date of Survey: 2/23/24 Facility Number: 011437 QA: 3/6/2024 & 3/7/2024			S 0000			
S 0912 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff						

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

TITLE

(X6) DATE

Rebecca McAllister

Director, Quality

03/29/2024

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 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 30 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>positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based on document review and interview, the facility failed to ensure the standards of nursing care and practice were met related to failure to notify a significant other of a patient death for 1 of 5 patients. (P1)</p> <p>Findings include:</p> <p>1. The facility policy titled, "Advanced Directives", PolicyStat ID 6901746, last revised 02/2022, indicated H1 staff may rely in good faith on an Advanced Directives that appears valid for which they have no reason to believe it has been revoked.</p> <p>2. The facility policy titled, "Care of the Patient After Death", PolicyStat ID 7745073, last revised 01/2021, indicated to provide information for pronouncement of death, time, and notification of physician(s), family, significant other, and appropriate hospital personnel.</p> <p>3. MR (Medical Record) review for P1 indicated on the Advance Directive the patient's partner was listed as the first person appointed as his/her HCR (Health Care Representative), the second and/or third persons listed as his/her HCR were his/her children.</p>			S 0912	<p><u>Plan of Correction</u></p> <p>All nursing caregivers were educated on advanced care planning documents and expectations for notification of patient death.</p> <p><u>Monitoring Plan to Prevent Recurrence</u></p> <p>A random sample of 10 records will be reviewed monthly to evaluate documentation that a healthcare representative was notified in the event of the patient death.</p> <p><u>Responsible Person</u></p> <p>The Senior Clinical Education Specialist is responsible for dissemination of education to nursing caregivers. The Director of Quality is responsible for ensuring the monitoring plan is completed. Follow-up for any instances of noncompliance are completed by the Nursing Director and Manager of the unit on which it occurred.</p>		04/01/2024

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	4. In Interview on 2/23/24 at approximately 1:42 pm with A1 (Director of Quality) confirmed P1's partner was listed as the HCR, should have been notified of the patient's death and was not.						