

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

PRINTED: 01/29/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154057		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/02/2025	
NAME OF PROVIDER OR SUPPLIER OPTIONS BEHAVIORAL HEALTH SYSTEM				STREET ADDRESS, CITY, STATE, ZIP COD 5602 CAITO DRIVE INDIANAPOLIS, IN 46226			
(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
A 0000 Bldg. 00	<p>This visit was for the investigation of a Federal Hospital Complaint.</p> <p>Complaint Number: IN00448518 - Deficiency unrelated to the allegations is cited at A0395.</p> <p>Survey Date: 1/2/25</p> <p>Facility Number: 012773</p> <p>QA: 1/8/2025</p>			A 0000			
A 0395 Bldg. 00	<p>482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. Based on document review and interview, facility nursing staff failed to inventory and document patient belongings for 1 of 10 medical records reviewed. (P1)</p> <p>Findings include:</p> <p>1. Facility policy titled, "Valuables and Belongings, Patient", no policy number, approved 4/2020, indicated under POLICY: Staff shall complete an inventory of patient belongings and provide safe storage of patient possessions while they are hospitalized. PROCEDURE: 2. Patient Belongings. a. Patient belongings shall be inventoried and itemized on the Patient Belongings Form. e. Once all belongings are inventoried and listed the form is signed by the employee completing the inventory and patient/legal representative. f. Discharge process will include reviewing the Patient Belongings list with the</p>			A 0395	<p>A 395 Correction: The Director of Risk will educate all intake staff on the revised patient belongings process. This process includes intake staff inventorying all patient belongings on the Patient Belongings Form, photographing all belongings and placing the stored belongings in the central storage room. Valuables (jewelry, money, phones, etc.) will continue to be locked in the safe after inventoried and photographed. All intake staff will sign attestations indicating that they have been trained on this protocol.</p> <p>Compliance:</p>		02/25/2025

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

TITLE

(X6) DATE

Daniel Kearns

Director of Risk

01/28/2025

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>patient/responsible party, validating the return of items to the patient at discharge, and a signature by the patient/responsible party.</p> <p>2. MR (Medical Record) for P1 indicated the patient was transferred from H2 (Acute Care Hospital) to H1 (Psychiatric Hospital) on 11/23/24 at 7:46 pm. H2 documentation for P1 indicated belongings included a pair of sweatpants, a pair of socks, a pair of shoes, two sweaters, one bra, four bracelets, and one watch. P1 was transferred to H1 (Psychiatric Hospital) on an EDO after being medically cleared for discharge on 11/23/24 at approximately 10:22 pm. MR for P1 at H1 lacked documentation of itemized inventory of personal belongings on the Patient Belongings Form both at the time of admission and the time of discharge.</p> <p>3. In an interview on 1/2/25 at approximately 1:00 pm with A4 (Risk) confirmed P1 did not have a patient belongings sheet documenting his/her belongings on admission and discharge from H1 but should have.</p>				<p>Daily audits of all new patient admissions and their Patient Belongings Forms will ensure compliance. The audit findings will be reviewed during the daily administrative meeting (Flash). This is also a performance improvement (PI) project and as such, data collected and identified trends will be reviewed in the monthly Quality Council Meeting. Staff noncompliance will result in disciplinary action through Options Progressive Disciplinary Policy.</p> <p>Responsible Party: The Director of Risk</p> <p>Completion Date: 02/25/2025</p>		