

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

PRINTED: 08/08/2022

FORM APPROVED

OMB NO. 0938-039

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|--|---|---|--|--|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150090 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 06/29/2022 | |
| NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH DYER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 24 JOLIET ST DYER, IN 46311 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 investigation of two (2) state licensure hospital complaints.</p> <p>Complaint Number: IN00255353 Unsubstantiated: Lack of sufficient evidence.</p> <p>Complaint Number: IN00261211 Substantiated: Deficiency related to the allegation is cited.</p> <p>Date: 06/29/2022</p> <p>Facility Number: 005080</p> <p>QA: 7/14/2022</p> | | | S 0000 | | | |
| S 0744 Bldg. 00 | <p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (e)(1)</p> <p>(e) All entries in the medical record shall be:</p> <p>(1) legible and complete; Based on document review and interview, the physician failed to offer and document an autopsy request in one (1) of one (1) medical records (MR) reviewed. (Patient # 5)</p> <p>Findings include:</p> <p>1. The facility policy titled "Autopsy Requests Policy", PolicyStat ID 2606455, indicated if the criteria was met (unexpected or unexplained death occurring during or following a surgical diagnostic procedure and/or cases in which the</p> | | | S 0744 | <p>In order to improve communication and help allay concerns of a family related to the cause of death of a loved one hospital procedure 12169421 has been amended to include the following criteria and additions:</p> <p>1. 1. Deaths occurring while the patient is being treated under an experimental regimen. 2. 2. Intraoperative or intraprocedural deaths.</p> | | 08/22/2022 |

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 disclosable 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>autopsy may help allay concerns of the family) the physician should approach the person authorized to give consent for the autopsy. Regardless of the decision by the person authorized, documentation of the request should be made in the patient's MR.</p> <p>2. Review of patient # 5's MR lacked any documentation related to speaking with the patient's family about an autopsy.</p> <p>3. In interview on 06/29/2022 at approximately 4:10 pm with administrative staff member A # 8 (Chief Nursing Officer-CNO), confirmed the MR lacked documentation related to the physician discussing an autopsy with the patient's family.</p> | | <p>3. 3. Maternal deaths incidental to pregnancy.</p> <p>4. 4. Deaths in infants and children with congenital malformation.</p> <p>5. 5. Deaths where the cause is sufficiently obscured to delay completion of the death certificate.</p> <p>6. 6. Deaths where symptomatology is not adequately explained.</p> <p>7. 7. Deaths where diagnostic work-up is incomplete and cause of death is undetermined. Additionally, when a nursing unit notifies an attending physician that a patient has expired, they will refer to the criteria and ask if an autopsy should be ordered. Draft policy attached. Completed 8/8/22.</p> <p>Approaching family members to offer autopsy was reviewed and discussed at the Medical Executive Staff meeting held 8/3/22.</p> <p>A memo from the VPMA to the physician staff re-educating on criteria to offer autopsy was sent out 8/5/2022.</p> <p>A memo from the CNO to nurse managers to review new version of Autopsy Procedure 12169421 with all nursing staff was sent out 8/5/22 with education to be completed by 8/22/22.</p> | | |