STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	150056	A. BUILDING 00 B. WING	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD INDIANAPOLIS, IN 46202

(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 investigation of a state licensure hospital complaint. Complaint Number: IN00221628 Substantiated: Deficiency related to the allegations is cited. Survey Date: 10/10/2019 Facility Number: 005051 QA: 10/31/19	S 0000		
S 0930 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b) The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, the facility failed to provide documentation of care related to shampooing patient's hair for 1 of 5 patient medical records (MR) reviewed (patient 1) and elevating extremities for 1 of 5 patient MRs reviewed (patient 2). Findings include: 1. Review of Lippincott Procedures - Shampooing a bedridden patient's hair, revised June 14, 2019, indicated the following. Typically, no more than 2	S 0930	Finding #1 Review of patient 1's MR indicated patient required assistance at times with daily hygiene and patient had hair shampooed on 1/08/2017, then not again until 1/26/2017 (17 days). During a review of unit operations in early 2017 leadership identified opportunities with documentation around activities of a daily living (ADLS). Upon further investigation	11/11/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	weeks (14 days) should elapse between hair shampooing. 2. Review of patient 1's MR indicated patient required assistance at times with daily hygiene and patient had hair shampooed on 1/08/2017, then not again until 1/26/2017 (17 days). 3. Review of patient 2's MR indicated an order start date of 1/26/2017 for elevated lower left extremity on 2 pillows. MR lacked documentation of elevated lower left extremity on 1/29/2017 and 1/30/2017. 4. Interview on 10/10/2019, at approximately 14:55 hours with N2 (Quality Improvement Consultant) confirmed the facility followed Lippincott Procedures. 5. Interview on 10/10/2019, at approximately 11:44 hours with N2, confirmed patient 1 went 17 days between hair washings. 6. Interview on 10/10/2019, at approximately 14:22 hours with N2, confirmed MR lacked documentation of elevated lower left extremity on 1/29/2017 and 1/30/2017 per Physician order.		we discovered team members were actually completing these tasks but were not accurately recording them in the medical record. We began developing standard work in early 2017 which included the completion and offering of ADLS and reinforced the importance of charting ADLS. This re-education and reinforcing of standard work expectations was completed with all team members by May of 2017. We also began weekly spot audits of patients charting to ensure improved charting and compliance and in the moment coaching of team members. We noticed an improvement in compliance with charting ADLS which includes hair washing so the unit moved to quarterly audits in January of 2018. The unit will continue quarterly audit process as we feel that the finding related to this complaint dates back to January 2017 have been corrected, but with on boarding of new team members it is important that we continue to monitor. We will continue to randomly audit patient charts quarterly. If we detect something through this monitoring or have other reasons to believe compliance has slipped than we will increase frequency of audit monitoring until a satisfactory level has been achieved. Auditing is completed by the shift	

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			coordinators or assigned to a charge nurse who provides real-time feedback on performance to team members and then results are reviewed by the manager and then reported to the director. The nursing leadership team consisting of shift coordinators, educator, manager and director will discuss the results and look for any trends or opportunities to improve documentation and patient care. Finding #2 Review of patient 2's MR indicated an order start date of 1/26/2017 for elevated lower left extremity on 2 pillows. MR lacked documentation of elevated lower left extremity on 1/29/2017 and 1/30/2017. During a review of unit operations in early 2017 leadership identified opportunities with documentation around mobility, ambulation and patient care orders which include extremity elevation. We investigated and performed several days of observations and discovered team members were actually completing these tasks but were not accurately documenting them in the medical record in a consistent fashion. The unit began developing standard work in early 2017 which included the completion of patient care such as elevation, turn and mobility. Leadership reinforced the	

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			importance of charting and if not completed because of refusal that was documented. This re-education and reinforcing of standard work expectations was completed with all team members by May of 2017. We also began weekly spot audits to ensure improved charting and compliance and in the moment coaching of team members. As improvement was noted and charting and compliance improved throughout 2017 auditing was moved to random quarterly audits in last quarter of 2017. The unit will continue quarterly audit process as we feel that the finding related to this complaint dates back to January 2017 have been corrected, but with on boarding of new team members it is important that we continue to monitor. We will continue to randomly audit patient charts quarterly. If we detect something through this monitoring or have other reasons to believe compliance has slipped than we will increase frequency of audit monitoring until a satisfactory level has been achieved. Auditing is completed by the shift coordinators or assigned to a charge nurse who provides real-time feedback on performance to team members and then results are reviewed by the manager and then reported to the director. The nursing leadership team	

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			consisting of shift coordinators, educator, manager and director will discuss the results and look for any trends or opportunities to improve documentation and patient care.	