	R MEDICARE & MEDIC			E CONCEDUCTION	OMB NO. 0938-0391	
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00		(X3) DATE SURVEY COMPLETED	
ANDILAN	150017		B. WING	<u> </u>	06/11/2019	
		100011	STDI	EET ADDRESS, CITY, STATE, ZIP CO	-	
NAME OF I	PROVIDER OR SUPPLIE	R		0 W JEFFERSON BLVD	JDE	
LUTHER	AN HOSPITAL OF	INDIANA		RT WAYNE, IN 46804		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	CROSS-REFERENCED TO THE AF	OULD BE COMPLETION PROPRIATE	
TAG 5 0000	REGULATORY O	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCE)	DATE	
0000						
Bldg. 00	The visit was for in hospital complaint	nvestigation of a State licensure	S 0000			
	Complaint Numbe	r: IN00248432				
		deficiency related to the . Unrelated deficiency cited.				
	Survey Date: 6/11	/19				
	Facility Number:	005016				
	QA: 6/20/19					
S 0930	410 IAC 15-1.5-6					
	NURSING SERV	ICE				
Bldg. 00	410 IAC 15-1.5-6	(b)(3)				
	(b) The nursing s following:	ervice shall have the				
	and evaluate the	urse shall supervise care planned for and				
	provided to each Based upon docum	patient. ent review and interview, the	S 0930	Plan of correction:	07/25/201	
	-	led to ensure that the	5 0 7 5 0	1. How are you going		
	policy/procedures	for medical record		correct the deficiency		
	documentation and	l patient belongings were		already corrected, incl	ude the	
	followed for 3 of 5	medical records (MR)		steps taken and the da	te of	
	reviewed (Patient's	s #1, 2 & 3).		correction.		
	Findings include:			•For the three reco were missing the docum	nentation	
	1 Review of the r	olicy/procedure Content of the		for the belonging sheet admission to the facility		
	-	pproved 10-18) indicated the		unable to correct those		
		llection of information		include the inventory sh		
	-	nt and his or her health care		is something that should		
	concerning a natie	nt and his or her health care		lo cometing that broad		

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TITLE

(X6) DATE

PRINTED: 07/15/2019

FORM APPROVED

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION <u>00</u>	(X3) DATE SURVEY COMPLETED 06/11/2019
NAME OF	F PROVIDER OR SUPPLIER RAN HOSPITAL OF INDIANA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) course of business made by a person who has knowledge of the acts, events, or diagnoses relating to the patient." 2. Review of the policy/procedure Handling of Patient Belongings (approved 6-2018) indicated the following: "May be performed by all nursing associatesTo ensure patient belongings are secured upon entry into ERor admission to the facilityComplete Patient Belonging Sheet on admission, with any transfer, and at dismissal. If		B. WING STREET 7950 V	06/11/2019 REET ADDRESS, CITY, STATE, ZIP CODE 50 W JEFFERSON BLVD ORT WAYNE, IN 46804 IX PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (COMPL	
	 system incident re 3. Review of the l lacked documenta belonging sheet w facility. 4. On 6-11-19 at Quality, A2 confir 	tems, an ERS [event reporting port] must be completed." MR for Patient's #1, 2 & 3 tion indicating a patient as initiated on admission to the 1440 hours, the Director of med the MR for Patient's #1, 2 icated documentation.		nursing policy 3.11.16 Handlir Patient Belongings/Valuables revised by Director of Nursing with the collaboration of other nurse leaders to reflect the electronic format and process documenting the inventory of patient belongs. This policy w be approved by 7/19/2019. •The Director of Nursing department nurse leaders will reeducate all nursing staff regarding the nursing policy 3.11.16 and required chart documentation. This will be completed via e-mail communication with all nursing July 25, 2019.	was for ill and
				2.How are you going to prevent the deficiency from recurring in the future? •The Quality Department complete an audit of a minimu of 5 charts per nursing unit to verify patients have the appropriate documentation for patient belongs. The auditor we review with the Quality Director and the Director of Nursing the	m vill or

State Form

 Event ID:
 OX1T11
 Facility ID:
 005016
 If continuation sheet
 Page 2 of 3

PRINTED: 07/15/2019

CORRECTION VIDER OR SUPPLIER HOSPITAL OF I SUMMARY ST (EACH DEFICIENC		7950 W	<u>00</u> CO1	ITE SURVEY MPLETED 11/2019 (X5) COMPLETION DATE
HOSPITAL OF I SUMMARY ST (EACH DEFICIENC	NDIANA FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	7950 W FORT V ID PREFIX	/ JEFFERSON BLVD WAYNE, IN 46804 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) audit results. Any non-compliance and follow up	COMPLETION
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) audit results. Any non-compliance and follow up	COMPLETION
			non-compliance and follow up	
			the Patient Safety Committee. •This education will also be added to the nursing orientation program on July 25, 2019.	
			 3.Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.? The Director of Nursing will be responsible for the plan of correction. 4.By what date are you going to have the deficiency 	
				 3.Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.? The Director of Nursing will be responsible for the plan of correction. 4.By what date are you going

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07/15/2019