

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

PRINTED: 04/17/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150158		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/16/2024	
NAME OF PROVIDER OR SUPPLIER IU HEALTH WEST HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 1111 N RONALD REAGAN PKWY AVON, IN 46123			
(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: IN00423495 - Deficiency related to the allegations is cited at S 0912. Date of Survey: 2/16/24 Facility Number: 003776 QA: 2/26/2024			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

Jennifer

Conrad

04/04/2024

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 have an order for an indwelling urinary catheter for 1 of 5 patient (P1) medical records (MR) reviewed.</p> <p>Findings include:</p> <p>1. The facility policy titled, "Protocol for Adult Urinary Management", no policy number, publication date 07/25/2022, indicated an order is required to utilize any type of indwelling catheter.</p> <p>2. MR review indicated P1 received a indwelling urinary catheter placed on 11/12/23 at approximately 6:40 pm.</p> <p>3. Interview on 2/16/24 at approximately 2:00 pm with N2 (Clinical Nurse Specialist) confirmed an order was not present for the indwelling urinary catheter placement done on 11/12/23 at 6:40 pm but should have been.</p>			S 0912	<p>1. Correction of the deficiency/Who is responsible/date of correction: CNO of Nursing Practice is responsible for the plan of correction. Correction will be by 3/28/2024.</p> <p>A review of the Protocol of Adult Urinary Management was reviewed verbal and written reminders were completed 2 times daily at West Hospital Facility and Communication Huddles. Standard work was developed for order validation and follow up with providers when warranted.</p> <p>2. Prevention of the deficiency: Daily a list of patients with foley catheters is listed during the huddle. This practice is primarily to prevent Catheter Associated Urinary Tract Infections. During daily this huddle, standard work has been added to complete a chart audit for an order for the indwelling urinary catheter. If an order is not found during huddle, it is then followed up by the</p>		03/29/2024

