PRINTED: 01/30/2025

	OF HEALTH AND HU						RM APPROVED
	R MEDICARE & MEDIC	·	(Z/2) 1 (LIL TIPL E CA	ON COMPLICATION.		IB NO. 0938-039
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION	` <i>′</i>	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00		
		150056	B. W	ING		All RNs quired TA, was also sulture of en cates the S, NPD) erials er	/2024
NAME OF I	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
INIDIANIA	LINII) (EDOLE) (LIE				I SENATE BLVD		
INDIANA	UNIVERSITY HEA	ALIH		INDIAN	NAPOLIS, IN 46202		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	.TE	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
A 0000							
DI I OO							
Bldg. 00				000			
	TEN	This wisit was for the investigation of a Endoral		000			
		Complaint Number: IN00446379 - Deficiencies elated to the allegations are cited a A0130, A0385, A0395, and A0398.					
	Hospital Complain	it.					
	Complaint Number	m IN00446270 Deficiencies					
	_	-					
related to the allega							
	A0393, and A0396						
	Survey Date: 12/4/	2024 & 12/9/2024					
	Facility Number: 005051						
	QA: 12/17/2024						
A 0400							
A 0130	482.13(b)(1)						
D14= 00		S:PARTICIPATION IN CARE					
Bldg. 00	PLANNING						
		he right to participate in the					
		implementation of his or her					
	plan of care.	at review and interview, facility	1,0	130	Plan of Correction Text:		02/14/2025
		y a patients family member or	AU	130	Unit leadership educated all R	PMc	02/14/2023
		torney) of a new pressure injury			on facility policies, and require		
		existing pressure injury for 1 of			documentation of Q4H HTA,	;u	
	10 medical records				q2Turns and skin integrity		
	10 medical records	rieviewed. (1 1)			interventions. Education was	also	
	Findings include:				provided on building the cultur		
	<i>G</i>				incident reporting and when	- - .	
	1. Facility policy ti	itled, "Patient/Parent Rights and			pressure injury policy indicate	s the	
		complaints and Grievances", no			need to file reports. Unit		
	_	blication date 06/22/2023,			leadership including (CNS, NF	2D)	
		our rights as a patient: As a			developed education materials		
		ity, you have the right: To			which also included proper		
	1 ~	ions about care, treatment and			provider notification process a	nd	

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

services, which may include family and loved

ones, as permitted by the patient or decision

maker; this includes the development and

TITLE (X6) DATE

documentation of any new or

progression of wound. The unit

triad team is re-educating all team

Jason Owen 01/29/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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01/30/2025 PRINTED: FORM APPROVED OMB NO. 0938-039

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 12/09/2024 150056 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1701 N SENATE BLVD INDIANA UNIVERSITY HEALTH INDIANAPOLIS, IN 46202 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE Implementation of an Inpatient treatment or care members (RN, PCA, Mobility plan, outpatient treatment or care plan, pain Techs) on the documentation management plan and discharge plan. To be expectations and reporting informed of outcomes of care, treatment and changes in patient condition. services, including unexpected outcomes. Education will be provided via Tier 1 huddle (Shift huddle), Unit 2. Review of P1's MR (Medical Record) indicated Professional Practice Council, and the following: Nursing documentation dated during leader rounding 9/15/2024 at 8:00 pm indicated P1's skin was intact conversations. Regulatory leaders with no skin symptoms. On 9/16/2024 P1's skin will provide education regarding was assessed at midnight, 4:00 am, and 8:00 am as patient, family, and Power of intact with no skin symptoms. On 9/17/2024 a Attorney (POA) notification for stage 2 pressure injury, full thickness, red, blisters unanticipated outcomes (new noted above the pressure ulcer, with erythema pressure injury and evolving of an was documented as present upon admission at existing pressure injury) as per 12:00 pm. Physical Therapy note documentation policy. Education to be dated 9/17/2024 at 1:31 pm indicated P1's skin completed by 2/14/25. integrity annotation as Per nursing skin auditor Prevent Recurrence: N9 (Registered Nurse), patient has a stage 2 • B4 leadership will audit patient pressure injury on sacrum. Physician note charts of individuals with pressure documentation dated 9/18/2024 indicated P1's injuries or pressure injury risk and child who is also the patient's POA had a will audit a minimum of 10 patients discussion with the medical provider about the weekly to validate Q4h head to toe patient's disposition and plan of care. P1's skin assessments and Q2h turns. was documented as warm. This note lacked • • If any wound progressions or documentation about a sacral pressure injury. new pressure injuries occur on B4, Wound consult note documentation dated leadership will audit to check if an 9/18/2024 indicated two wounds were present near incident report was filed and will the sacrococcygeal area. One more distally which audit the patient chart for provider, was staged at two and the proximal was staged as patient, and family notification. a 3. The measurement for this wound was 4.5 x 3.5 Any documentation deficiencies cm (centimeters) (Proximal Wound). The distal found during the above audit wound was cleansed, and the zinc barrier cream process will be reviewed 1:1 with was applied and left open to air. Wound progress RN by unit leadership. note documentation dated 10/10/2024 indicated P1 • Once 90% or greater compliance developed a deep tissue injury to the left medial is achieved, maintain periodic great toe over a bunion. This wound measured 2 "spot" audits of documentation to

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cm by 2 cm, purple in color, and was intact. P1's

sacral stage 3 evolving deep tissue injury present

on admission measured 2.5 cm by 3.3 cm, was

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assess for policy deviations

related to pressure injury

documentation.

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	T OF HEALTH AND HU R MEDICARE & MEDIO				FORM APPROVED OMB NO. 0938-039
STATEME	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION (2)	X3) DATE SURVEY COMPLETED 12/09/2024
	PROVIDER OR SUPPLIE		1701 N	ADDRESS, CITY, STATE, ZIP COD I SENATE BLVD JAPOLIS, IN 46202	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APP DEFICIENCY) yellow and red in color, and had evidence of Responsible for Corrective Action Should Cross-ReferenceD To The APP DEFICIENCY) RESPONSIBLE FOR CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APP DEFICIENCY)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Responsible for Corrective Actio Manager of Clinical Operation Completion Date:	DATE On:	
	pm am with A2 (C confirmed P1's me have contained phy advancing staging a stage 3 sacral wo notified of the new	on 12/4/24 at approximately 2:46 clinical Nurse Specialist) dical record did not, but should sysician notification of of P1's stage 2 sacral wound to bund, nor was a provider of pressure injury to the left and should have been.			
	approximately 2:2' confirmed he/she was P1 had a sacral woo new pressure injur confirmed he/she of	nterview on 12/4/24 at 9 pm with MD1 (Medical Doctor) wasn't notified by nursing that and nor that P1 developed a y on his/her toe. MD1 also did not recall having a P1's child regarding these			
A 0385 Bldg. 00	service that provi	ICES It have an organized nursing Ides 24-hour nursing Irsing services must be Irvised by a registered nurse.			00/14/0005
	Based on documer	nt review and interview, facility	A 0385	Plan of Correction Text: Unit leadership educated all RN	02/14/2025

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A0395.

nursing staff failed to notify a provider of a new

repositioning of a patient, and failed to document

every 4-hour head-to-toe skin assessments for 1

of 10 medical records reviewed. (P1) See tag

and/or ongoing pressure injuries, failed to

document every 2-hour turning and/or

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on facility policies, and required

interventions. Education was also

provided on building the culture of

pressure injury policy indicates the

documentation of Q4H HTA,

q2Turns and skin integrity

incident reporting and when

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

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 150056		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 12/09/2024	
	PROVIDER OR SUPPLIE		1701 N	ADDRESS, CITY, STATE, ZIP COD I SENATE BLVD NAPOLIS, IN 46202	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	The cumulative eff	fects of these systemic in the facility's inability to re in a safe manner.		need to file reports. Unit leadership including (CNS, N. developed education material which also included proper provider notification process a documentation of any new or progression of wound. The utriad team is re-educating all members (RN, PCA, Mobility Techs) on the documentation expectations and reporting changes in patient condition. Education will be provided via 1 huddle (Shift huddle), Unit Professional Practice Council during leader rounding conversations. Regulatory leavill provide education regarding patient, family, and Power of Attorney (POA) notification for unanticipated outcomes (new pressure injury and evolving existing pressure injury) as propolicy. Education to be completed by 2/14/25. Prevent Recurrence: B4 leadership will audit patic charts of individuals with presinjuries or pressure injury risk will audit a minimum of 10 partice will audit a minimum of 10 partice will audit a minimum of 10 partice of individuals with presinjuries or pressure injuries occur of leadership will audit to check incident report was filed and a audit the patient chart for propatient, and family notification. Any documentation deficient found during the above audit	PD) Is and init iteam Tier I, and aders ing of an er ent essure and tients to toe or in B4, if an will vider, in.

CENTERS FOR MEDICARE & MEDICAID SERVICES

	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056		JILDING	onstruction 00	(X3) DATE SURVEY COMPLETED 12/09/2024	
	ROVIDER OR SUPPLIER UNIVERSITY HEA			1701 N	ADDRESS, CITY, STATE, ZIP COD SENATE BLVD APOLIS, IN 46202		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
					process will be reviewed 1:1 v RN by unit leadership. Once 90% or greater compli- is achieved, maintain periodic "spot" audits of documentation assess for policy deviations related to pressure injury documentation. Responsible for Corrective Ac Manager of Clinical Operation Completion Date: 2/14/2025.	ance 1 to tion:	
A 0395 Bldg. 00	A registered nurse evaluate the nursi Based on document nursing staff failed and/or ongoing pres document every 2-h repositioning of a pevery 4-hour head-t of 10 medical record. Findings include: 1. Facility policy ti Safety Concerns", ndate 03/05/2022, inc PROCEDURES: A recognizes a change requiring provider is responsible for compatient's condition to treatment to the pro	atient, and failed to document o-toe skin assessments for 1 ds reviewed. (P1) tled, "Escalation of Patient to policy number, publication	A 0	395	Plan of Correction Text: Unit leadership educated all Ron facility policies, and require documentation of Q4H HTA, q2Turns and skin integrity interventions. Education was provided on building the cultur incident reporting and when pressure injury policy indicated need to file reports. Unit leadership including (CNS, NF developed education materials which also included proper provider notification process a documentation of any new or progression of wound. The untriad team is re-educating all to members (RN, PCA, Mobility Techs) on the documentation expectations and reporting changes in patient condition. Education will be provided via	also re of s the PD) s and nit eam	02/14/2025

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		150056	B. W	ING		12/09/2024	
		<u> </u>		STREET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER				SENATE BLVD		
INDIANA	UNIVERSITY HEA	LTH			IAPOLIS, IN 46202		
	Г		1		, T	<u> </u>	
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(XS	
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG		LISC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)	DAT	E
		led, "Documentation			1 huddle (Shift huddle), Unit		
	_	cy number, publication date			Professional Practice Council,	and	
	08/05/2024, indicated under V. POLICY STATEMENTS: A. GENERAL				during leader rounding		
					conversations. Regulatory lea		
		ON STANDARDS. 1 Registered			will provide education regarding	ng	
		able for the patient assessment			patient, family, and Power of		
		process. 2. Document			Attorney (POA) notification for		
		ers pertinent to the patient;s			unanticipated outcomes (new	_	
		when the patient's physical			pressure injury and evolving o		
		ment fall outside of the			existing pressure injury) as pe	r	
	defined normal limi	ts.			policy. Education to be		
					completed by 2/14/25.		
	· ·	s of care titled, "AAHC			Prevent Recurrence:		
		or RNs - PCU", no policy			B4 leadership will audit patie		
	number, updated 20				charts of individuals with press		
		d Minimum Documentation: Q			injuries or pressure injury risk		
	1 ' - '	Signs, Neurological checks, if			will audit a minimum of 10 pat		
		sition (HOB 30 degrees or			weekly to validate Q4h head to	o toe	
		e, document which side patient			assessments and Q2h turns.		
		site assessment, Restraints			•• If any wound progressions	or	
		nt safety checks, Toileting,			new pressure injuries occur or	n B4,	
		ain score if on continuous pain			leadership will audit to check i	I	
		ral, Ketamine, end-of-life			incident report was filed and w		
		checks, if ordered. Q 4 hrs.,			audit the patient chart for prov	ider,	
	Head-to-toe assessn				patient, and family notification	I	
	1	ons, Document FIO2/delivery			Any documentation deficient	ies	
		assessment/sedation/POSS,			found during the above audit		
		Epidural anesthesia (PCEA),			process will be reviewed 1:1 v	rith	
		HR, RR, SpO2, Signs iAware:			RN by unit leadership.		
		ake and output assessment			Once 90% or greater compliant	ance	
	· ·	s, PO), Vital signs, Empty			is achieved, maintain periodic		
	drains and documer	nt.			"spot" audits of documentation	to	
					assess for policy deviations		
		IR indicated that Nursing			related to pressure injury		
		d 9/15/2024 at 8:00 pm			documentation.		
		was intact with no skin			Responsible for Corrective Ac	tion:	
	1	/2024 P1's skin was assessed at			Manager of Clinical Operation	ns	
	midnight, 4:00 am,	and 8:00 am as intact with no			Completion Date:		
	skin symptoms. On	9/17/2024 a stage 2 pressure			• 2/14/2025.		
	injury, full thicknes	s, red, blisters noted above the			1		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULT	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLETED				
		150056	B. WING	·		12/09/	2024
NAME OF P	DOMDED OF CURRY TER		S	STREET A	DDRESS, CITY, STATE, ZIP COD	-	
NAME OF P	PROVIDER OR SUPPLIER	<u>C</u>] 1	1701 N S	SENATE BLVD		
	UNIVERSITY HEA	LTH		NDIAN/	APOLIS, IN 46202		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	1	ΓAG	DEFICIENCY)		DATE
		erythema was documented as					
	present upon admission at 12:00 pm. Wound consult note documentation dated 9/18/2024						
		ds were present near the					
		a. One more distally which was					
		ne proximal was staged as a 3.					
	-	or this wound was 4.5 x 3.5 cm					
		imal Wound). Wound progress					
	, , ,	on dated 10/10/2024 indicated					
		p tissue injury to the left					
		er a bunion. This wound					
	measured 2 cm by 2	2 cm, purple in color, and was					
	intact. P1's sacral st	age 3 evolving deep tissue					
		lmission measured 2.5 cm by					
		and red in color, and had					
	evidence of re-epith	nelialization.					
	D11 MD 1 1 1	4.1 1.					
		ery 4-hour skin assessments mited to 9/23/24 at 4:00 pm,					
		t, and 4:00 am, 9/27/24 at 8:00					
	_	at Midnight and 4:00 am, lacked					
	-	or position changes every 2					
		but were not limited to:					
		1's position was indicated as on					
		to documentation of position					
		fusal noted; 9/25/2024 as P1					
		side from 6:00 am -6:00 pm no					
		osition change or patient					
		26/2024 P1 positioned on left					
	side from 6:00 am -	6:00 pm, no documentation of					
		patient refusal noted;					
	10/13/2024 lacked t	0.1					
		n 9:00 am to 8:00 pm. P1's MR					
	lacked nursing repo	rting skin issues to provider.					
		n 12/4/24 at approximately 2:46					
		inical Nurse Specialist)					
		lical record did not, but should					
	nave contained phys	sician notification of					

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STATEME	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 12/09/2024		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1701 N SENATE BLVD INDIANAPOLIS, IN 46202				
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	(X5) COMPLETION		
TAG	advancing staging of a stage 3 sacral word notified of the new medical great toe at Confirmed facility did not, document to every 2 hours and effor P1. 6. In interview on 1 pm with N3 (Register)	of P1's stage 2 sacral wound to and, nor was a provider pressure injury to the left and should have been. nursing staff should have, but required positioning/turning every 4-hour skin assessments 2/9/2024 at approximately 2:40 tered Nurse) confirmed nursing tents every two hours and	TAG	DEFICIENCY)	DATE		
	1	hours. Documentation is to be ng for both turns and skin					
A 0398 Bldg. 00	All licensed nurse the hospital must procedures of the nursing service m supervision and e personnel which c responsibility of the regardless of the those personnel as	ne nursing service, mechanism through which are providing services (that yee, contract, lease, other					
	Based on document nursing staff failed report related to pre medical records rev. Findings include: 1. Facility policy tire	treview and interview, facility to complete a significant event essure injuries for 1 of 10 riewed. (P1)	A 0398	Plan of Correction Text: Unit leadership educated all RI on facility policies, and required documentation of Q4H HTA, q2Turns and skin integrity interventions. Education was a provided on building the culture incident reporting and when pressure injury policy indicates	d also e of		
	_	anagement", no policy number, /11/2022, indicated under VI.		need to file reports. Unit leadership including (CNS, NP.	D)		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 12/09/2024 150056 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1701 N SENATE BLVD INDIANA UNIVERSITY HEALTH INDIANAPOLIS, IN 46202 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE PROCEDURES: C. Patient Disclosure of developed education materials Significant Events. When a significant event which also included proper results in an unanticipated patient outcome, the provider notification process and patient and/or the patient's family should be documentation of any new or informed as soon as reasonably possible. The progression of wound. The unit unanticipated patient outcome should be triad team is re-educating all team discussed with the family by the attending members (RN, PCA, Mobility physician or his or her designee. Prior to Techs) on the documentation discussing the unanticipated outcome with the expectations and reporting patient and/or patient's family, the attending changes in patient condition. physician or designee may consult with Risk Education will be provided via Tier Management, hospital administration, or legal 1 huddle (Shift huddle), Unit counsel. Refer to Patient Disclosure of Serious Professional Practice Council, and Clinical Adverse Events for specific information. during leader rounding conversations. Regulatory leaders 2. Review of P1's MR indicated that Nursing will provide education regarding documentation dated 9/15/2024 at 8:00 pm patient, family, and Power of indicated P1's skin was intact with no skin Attorney (POA) notification for symptoms. On 9/16/2024 P1's skin was assessed at unanticipated outcomes (new midnight, 4:00 am, and 8:00 am as intact with no pressure injury and evolving of an skin symptoms. On 9/17/2024 a stage 2 pressure existing pressure injury) as per injury, full thickness, red, blisters noted above the policy. Education to be pressure ulcer, with erythema was documented as completed by 2/14/25. present upon admission at 12:00 pm. Wound Prevent Recurrence: consult note documentation dated 9/18/2024 • B4 leadership will audit patient indicated two wounds were present near the charts of individuals with pressure sacrococcygeal area. One more distally which was injuries or pressure injury risk and staged at two and the proximal was staged as a 3. will audit a minimum of 10 patients The measurement for this wound was 4.5 x 3.5 cm weekly to validate Q4h head to toe (centimeters) (Proximal Wound). Wound progress assessments and Q2h turns. noted documentation dated 10/10/2024 indicated • • If any wound progressions or P1 developed a deep tissue injury to the left new pressure injuries occur on B4, medial great toe over a bunion. This wound leadership will audit to check if an measured 2 cm by 2 cm, purple in color, and was incident report was filed and will intact. P1's sacral stage 3 evolving deep tissue audit the patient chart for provider, injury present on admission measured 2.5 cm by patient, and family notification. 3.3 cm, was yellow and red in color, and had Any documentation deficiencies evidence of re-epithelialization. P1's lacked found during the above audit nursing reporting skin issues to provider. process will be reviewed 1:1 with RN by unit leadership.

	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056	TION IDENTIFICATION NUMBER A. BUILDING <u>00</u>		(X3) DATE SURVEY COMPLETED 12/09/2024
	ROVIDER OR SUPPLIER		1701 N	ADDRESS, CITY, STATE, ZIP COD N SENATE BLVD NAPOLIS, IN 46202	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL U.S.C. IDENTIFYING INFORMATION	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG	3. Incident Report/Creviewed for the molisted on the incider to developing a hos to his/her left great lacked physician no notification. Review documentation of P family notification of 4. In an interview opm am with A2 (Cl confirmed P1's med have contained physical stage 3 sacral wou notified of the new	Complaint/Grievance log were onths of 6/1/24-12/1/24. P1 was nt log on 10/9/2024 in relation pital acquired pressure injury toe. This incident report of incident report stification and family of incident reports lacked 1 sacral pressure injury and of this pressure injury. In 12/4/24 at approximately 2:46 inical Nurse Specialist) dical record did not but should sician notification of of P1's stage 2 sacral wound to and, nor was a provider pressure injury to the left and should have been.	TAG	Once 90% or greater complisis achieved, maintain periodic "spot" audits of documentation assess for policy deviations related to pressure injury documentation. Responsible for Corrective Ac. Manager of Clinical Operation Completion Date: 2/14/2025.	n to
Bldg. 00 S 0930	Licensure hospital C	: IN00446379- Deficiency tions is cited at S0930.	S 0000		
Bldg. 00	NURSING SERVI 410 IAC 15-1.5-6				
	(b) The nursing se	ervice shall have the			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 150056 B. WING
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH INDIANAPOLIS, IN 46202 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION (A) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, facility STREET ADDRESS, CITY, STATE, ZIP COD 1701 N SENATE BLVD INDIANAPOLIS, IN 46202 (X5) PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, facility S 0930 Plan of Correction Text: 02/14/2025
INDIANA UNIVERSITY HEALTH (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, facility 1701 N SENATE BLVD INDIANAPOLIS, IN 46202 (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, facility S 0930 Plan of Correction Text: 02/14/2025
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INDIANA UNIVERSITY HEALTH INDIANAPOLIS, IN 46202 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, facility INDIANAPOLIS, IN 46202 (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) OCMPLETION DATE (X5) COMPLETION DATE (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, facility S 0930 Plan of Correction Text: 02/14/2025
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I mirrong statt tailed to tile incident reports and I I I I I I I I I I I I I I I I I I I
notify a provider of new or ongoing pressure on facility policies, and required
injuries (P1), failed to document every 2-hour documentation of Q4H HTA,
turning and/or repositioning of a patient (P1), and q2Turns and skin integrity
failed to document every 4-hour head-to-toe skin interventions. Education was also
assessments for 1 of 10 medical records reviewed. provided on building the culture of
(P1) incident reporting and when
pressure injury policy indicates the
Findings include: need to file reports. Unit
leadership including (CNS, NPD)
1. Facility policy titled, "Escalation of Patient developed education materials
Safety Concerns", no policy number, publication which also included proper
date 08/05/2024, indicated under VI. provider notification process and
PROCEDURES: A. The registered nurse (RN) documentation of any new or many properties of the position of the
recognizes a change in the patient's condition progression of wound. The unit
requiring provider intervention. B. The RN is triad team is re-educating all team requiring provider intervention. B. The RN is triad team is re-educating all team
responsible for communicating changes in the members (RN, PCA, Mobility
patient's condition that may require specific Techs) on the documentation
treatment to the provider and following the expectations and reporting attached escalation guides as warranted. expectations and reporting changes in patient condition.
2. Facility policy titled, "Documentation 1 huddle (Shift huddle), Unit Professional Practice Council, and
Standards", no policy number, publication date Standards during leader rounding
08/05/2024, indicated under V. POLICY conversations. Regulatory leaders
STATEMENTS: A. GENERAL will provide education regarding
DOCUMENTATION STANDARDS. 1 Registered patient, family, and Power of
Nurses are accountable for the patient assessment Attorney (POA) notification for
and documentation process. 2. Document unanticipated outcomes (new
assessment parameters pertinent to the patient;s pressure injury and evolving of an
specific condition when the patient's physical specific condition when the patient's physical existing pressure injury) as per
assessment/reassessment fall outside of the policy. Education to be
defined normal limits. completed by 2/14/25.
Prevent Recurrence:

State Form Event ID: QJUH11 Facility ID: 005051 If continuation sheet Page 11 of 14

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

PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-039

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		150056	B. W	ING		12/09/	/2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER	8			SENATE BLVD		
INIDIANA	UNIVERSITY HEA	ITH			APOLIS, IN 46202		
INDIANA	UNIVERSIT HEA	LIII		INDIAN	AF OLIO, IN 40202		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		s of care titled, "AAHC			B4 leadership will audit patie	ent	
		or RNs - PCU", no policy			charts of individuals with press	sure	
	number, updated 2024, indicated under Frequency/Task and Minimum Documentation: Q				injuries or pressure injury risk	and	
					will audit a minimum of 10 pat	ients	
	2 hrs. Vital Signs, N	Neurological checks, if ordered,			weekly to validate Q4h head to	o toe	
	- '	OB 30 degrees or greater as			assessments and Q2h turns.		
		nt which side patient is turned,			•• If any wound progressions	or	
		sment, Restraints safety			new pressure injuries occur or	n B4,	
		ty checks, Toileting, ROM,			leadership will audit to check i		
		re if on continuous pain			incident report was filed and w		
		ral, Ketamine, end-of-life			audit the patient chart for prov	rider,	
		checks, if ordered. Q 4 hrs.,			patient, and family notification		
	Head-to-toe assessn				 Any documentation deficience 	cies	
	drains/tubes, incision	ons, Document FIO2/delivery			found during the above audit		
		assessment/sedation/POSS,			process will be reviewed 1:1 w	vith	
	Patient-controlled E	Epidural anesthesia (PCEA),			RN by unit leadership.		
		HR, RR, SpO2, Signs iAware:			Once 90% or greater compliant	ance	
	_	take and output assessment			is achieved, maintain periodic		
	(drains, tubes, feeds	s, PO), Vital signs, Empty			"spot" audits of documentation	ı to	
	drains and documer	nt.			assess for policy deviations		
					related to pressure injury		
		led, "Patient Incident and			documentation.		
		anagement", no policy number,			Responsible for Corrective Ac	tion:	
	publication date 09/	11/2022, indicated under VI.			 Manager of Clinical Operatio 	ns	
	PROCEDURES: C.	Patient Disclosure of			Completion Date:		
	-	When a significant event			• 2/14/2025.		
		cipated patient outcome, the					
		atient's family should be					
		s reasonably possible. The					
		nt outcome should be					
		family by the attending					
		her designee. Prior to					
		ticipated outcome with the					
		nt's family, the attending					
		ee may consult with Risk					
	-	tal administration, or legal					
		atient Disclosure of Serious					
	Clinical Adverse Ev	vents for specific information.					
	5. Review of P1's M	IR indicated that Nursing					

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

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056	(X2) MULT A. BUILD B. WING		NSTRUCTION 00	(X3) DATE : COMPL 12/09/	ETED
	PROVIDER OR SUPPLIER		1	701 N S	DDRESS, CITY, STATE, ZIP COD SENATE BLVD APOLIS, IN 46202		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		D EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	documentation date indicated P1's skin's symptoms. On 9/16 midnight, 4:00 am, skin symptoms. On injury, full thicknes pressure ulcer, with present upon admis consult note documindicated two woun sacrococcygeal area staged at two and the The measurement of (centimeters) (Prox noted documentation P1 developed a deemedial great toe own measured 2 cm by 2 intact. P1's sacral stinjury present on act 3.3 cm, was yellow evidence of re-epith P1's MR lacked ever including but not ling 9/25/25 at Midnight pm, and 9/28/2024 patient turning and/hours that included 9/20/2024 MR as Phis/her back, with nothing or patient rewas on his/her left stocumentation of prefusal noted; on 9/1 side from 6:00 amposition change or 10/13/2024 lacked documentation from	d 9/15/2024 at 8:00 pm was intact with no skin /2024 P1's skin was assessed at and 8:00 am as intact with no 9/17/2024 a stage 2 pressure s, red, blisters noted above the erythema was documented as sion at 12:00 pm. Wound entation dated 9/18/2024 ds were present near the a. One more distally which was as proximal was staged as a 3. or this wound was 4.5 x 3.5 cm simal Wound). Wound progress an dated 10/10/2024 indicated p tissue injury to the left er a bunion. This wound c cm, purple in color, and was age 3 evolving deep tissue lunission measured 2.5 cm by and red in color, and had actialization. Ary 4-hour skin assessments mited to 9/23/24 at 4:00 pm, at, and 4:00 am, 9/27/24 at 8:00 at Midnight and 4:00 am, lacked or position changes every 2 but were not limited to: 1's position was indicated as on o documentation of position fusal noted; 9/25/2024 as P1 side from 6:00 am -6:00 pm no osition change or patient 26/2024 P1 positioned on left 6:00 pm, no documentation of oatient refusal noted;					

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

PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-039

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED		
		150056	B. WING	<u> </u>	12/09	12/09/2024	
			STREE	T ADDRESS, CITY, STATE, ZIP COD			
NAME OF F	PROVIDER OR SUPPLIER			N SENATE BLVD			
INDIANA	UNIVERSITY HEA	LTH		ANAPOLIS, IN 46202			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTI)N	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX			COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG			DATE	
	6. Incident Report/Oreviewed for the molisted on the incider to developing a hos to his/her left great lacked physician no notification. Review documentation of P family notification of P family notified of P family notified of the new medical great toe ar Confirmed facility in did not, document revery 2 hours and e for P for P family N family notified of P family notified of P family notified of the new medical great toe ar Confirmed facility in did not, document revery 2 hours and e for P family notified of the new family	Complaint/Grievance log were onths of 6/1/24-12/1/24. P1 was at log on 10/9/2024 in relation pital acquired pressure injury toe. This incident report titification and family of incident reports lacked 1 sacral pressure injury and of this pressure injury. In 12/4/24 at approximately 2:46 inical Nurse Specialist) lical record did not but, should sician notification of of P1's stage 2 sacral wound to und, nor was a provider pressure injury to the left and should have been. Inursing staff should have, but equired positioning/turning very 4-hour skin assessments 2/9/2024 at approximately 2:40 ered Nurse) confirmed nursing ents every two hours and hours. Documentation is to being for both turns and skin					

State Form Event ID: QJUH11 Facility ID: 005051 If continuation sheet Page 14 of 14