

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

PRINTED: 02/14/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150005		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/16/2025	
NAME OF PROVIDER OR SUPPLIER HENDRICKS REGIONAL HEALTH				STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN ST DANVILLE, IN 46122			
(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	<p>This visit was for the investigation of a State Licensure Complaint.</p> <p>Complaint Number: IN00450388 - Deficiency related to the allegations is cited at S 0930.</p> <p>Survey Date: 1/16/25</p> <p>Facility Number: 005005</p> <p>QA: 1/23/25</p>			S 0000			
S 0930 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and interview, facility nursing staff failed to have a home medication checked by a physician or pharmacist prior to patient use, and failed to have an order by a provider for the home medication use in 1 of 10 medical records reviewed. (P3)</p> <p>Findings include:</p> <p>1. Facility policy titled, "Patient's Own Medications", no policy number, last revised 4/2024, indicated under POLICY: 3. Patient's own medications shall not be utilized for formulary medications that are normally supplied by the hospital; the hospital's supply of medication shall</p>			S 0930	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to allegation of noncompliance cited during a State Complaint Survey completed on 1/16/2025. Please accept this plan of</p>		02/07/2025

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

TITLE

(X6) DATE

Lisa Imlay RN

Chief Quality Officer

02/07/2025

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 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>be used in these instances. 4. Patient's own medication may be utilized for non-formulary medications that are not stocked by the hospital, providing that the medications are properly labeled and identified. Non-formulary medication brought into the hospital by patients are not to be administered until the patient's physician, another physician or a pharmacists has identified the medications. There must be an order by the prescriber stating that the patient's own non-formulary medication may be used in these instances.</p> <p>2. Medical record review for P3 indicated on 12/12/2024 at approximately 2:40 pm 10 units of Lispro insulin was ordered for a pre-operative blood sugar of 375 mg/dl for P3. Nursing indicated that the pharmacy was contacted three times by vocera and by telephone to obtain the ordered insulin resulting in P3's procedure being delayed longer than one hour. P3 requested he/she take his/her home insulin. 10 units of Lispro insulin were administered by the patient via an auto injector pen. The auto injector pen contained the patient's name and was verified by N3 (Certified Registered Nurse Anesthetist) at the patient's bedside.</p> <p>3. In interview on 1/16/2025 at approximately 12:30 pm with N2 (Registered Nurse) confirmed N3 (Certified Nurse Anesthetist) verified the home insulin medication for P3, and the home medication was not verified by a physician and/or pharmacist but should have been.</p> <p>4. In interview on 1/16/2025 at approximately 1:00 pm with A9 (Pharmacist, Pharmacy Director) confirmed an order was received for this patient but the medication was sent to the wrong tube station by pharmacy staff, pharmacy had no</p>				<p>correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance</p> <p>The current Endoscopy staff were educated on the organizational pharmacy policy, "Patient's Own Home Medication", specifically: "Patient's own medication may be utilized for non-formulary medications that are not stocked by the hospital, providing that the medications are properly labeled and identified. Non-formulary medication brought into the hospital by patients are not to be administered until the patient's physician, another physician or a pharmacist has identified the medications. There must be an order by the prescriber stating that the patient's own non-formulary medication may be used in these instances." The Director of Pharmacy informed the Endoscopy Nursing Director and Clinical Manager of the pharmacy policy requirements for patients' home medication on 1/16/2025. The entire Endoscopy RN team received education to review the "Patient Own Medication" Pharmacy policy and validated understanding by signing the attendance roster on or before 2/4/2025 (see S930 Evidence #1</p>		

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	knowledge that the patient used his home medication, and CRNA's (Certified Registered Nurse Anesthetist) by policy are not allowed to verify home medications.		Policy Education Roster and Policy), by the Endoscopy Department Clinical Manager. To ensure all patients' home medications are ordered and checked by physician or pharmacist, the Endoscopy department RN Skills Checklist was amended to include a required review of the Pharmacy policy, "Patient's Own Home Medication" list at time of hire for any new RN prior to providing care to patient. The Skills Checklist was amended on 2/7/2025 (see S930 Evidence #2 RN Skills Checklist), by the Nursing Workforce Facilitator. The Endoscopy department Clinical Manager will audit the RN skills checklists prior to the them being assigned direct patient care for completion of the required policy reviews an all of the newly hired RN's within the department in the months of February 2025, March 2025 and April 2025 until 100% compliance, and then random audit will occur quarterly X2 to ensure sustained compliance of 100% through December 2025 (see S930 Evidence #3 RN skills checklist policy audit tool). Deficiency corrected and validated by Department Director on 2/7/2025 (see S930 Evidence #4 Director validation).		

