STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 complaint. Complaint #IN00173771 Substantiated: State deficiency related to the allegations is cited and a State deficiency unrelated to the allegations is cited. Survey date: 1/26/16 - 1/27/16 Facility # 006218 QA: cjl 03/03/16	S 0000		
S 0102 Bldg. 00	410 IAC 15-1.2-1 COMPLIANCE WITH RULES 410 IAC 15-1.2-1 (a) (a) All hospitals shall be licensed by the department and shall comply with all applicable federal, state, and local laws and rules. Based on document review and interview, the hospital failed to implement policies/procedures and comply with Federal regulation 42 CFR	S 0102	The complaint and grievance logwas immediately reviewed and any outstanding complaints addressed. All patientcomplaints or grievances will continue to be addressed per the	01/27/2016

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	482.13(a)(2)(i)(ii)(iii) for written complaint/grievances for 1 facility. Findings: 1. Review of Hospital Federal Regulations 42 CFR 482.13(a)(2)(i)(ii)(iii) indicates the following: 42 CFR 482.13(a)(2)-The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The hospital must establish as process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance...The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care... 42 CFR 482.13(a)(2)(i)-The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital. 42 CFR 482.13(a)(2)(ii)-At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a response. 42 CFR 482.13(a)(2)(iii)-At a		complaint/grievance policy H-PC05-007. Additionally, any complaint or grievance received from an outsidesource or social media such as Facebook or reputation.com will be addressedutilizing the same policy regardless of whether the patient is currently aninpatient or was previously an inpatient but has been discharged beginning1/27/2016. All complaints / grievances will be logged utilizing thecomplaint/grievance log H-PC F05-007. The complaint/grievance log will bereviewed monthly for any negative patterns or trends. The log will be present duringQuality Council beginning 5/6/2016. The Chief Executive Officer is ultimatelyresponsible for the corrective actions and ongoing compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion. 2. Review of the policy titled Patient Complaint/Grievance Process indicated the following: a. In #1. The Hospital is committed to responding to and resolving complaints or grievances about any aspect of a patient's stay... b. In #2. CEO (Chief Executive Officer)/Administrator: Retains responsibility for complaint and grievance process. DEFINITION: Grievance: Is a written or verbal complaint...by a patient, or the patient's representative regarding any aspect of the patient's care... IF THE COMPLAINT IS NOT RESOLVED IMMEDIATELY: Escalate - Every issue, concern, or expression of dissatisfaction...CEO Obligations: ASSURE INVESTIGATION and ACTION -> RESPOND -> DOCUMENT. c. The policy was revised 2/2013. 3. Review of the policy titled Privacy and Security Complaints indicated the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	following: a. In #1. Complaints b. a. There are several avenues that a patient can take to file a complaint at the facility. c. ii. Contact the Privacy Contact (CEO) directly to file the complaint/grievance. The Privacy Contact shall document each complaint... d. The policy was Released 8/2014. 4. On 1/27/16 at 1:20pm, A5 indicated a complaint is considered a grievance only if it cannot immediately be resolved. A5 indicated the Hospital complaint and grievance policy only applied to current inpatients and if complaint information was not related to a current inpatient it would not be considered a complaint or grievance and may not be documented.			
S 0322 Bldg. 00	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially. Based on document review and interview, the governing board failed to follow written policy and procedures (P&P) for Privacy and Security Complaints and Responding to a Privacy or Security Incident for 1 of 1 patients (P1). Findings: 1. Review of the policy titled Privacy and Security Complaints indicated the following: The Hospital will comply with the following HIPAA (Health Insurance Portability and Accountability Act) Privacy Regulation administrative requirements regarding personnel designations, training, complaint process and sanctions for non-compliance... a. In #1. a. ii. contact the Privacy Contact (CEO)(chief executive officer) directly to file the complaint/grievance. The Privacy Contact shall document each complaint... b. The policy was Released 8/2014. 2. Review of the policy titled Responding to a Privacy or Security Incident indicated the following: a. POLICY: The Hospital will investigate all security incidents and	S 0322	The physician identified during the surveywas no longer practicing at Kindred Hospital Indianapolis South, and thereforedid not receive any formal education or PI related to the citation. Every physician currently receives education andreference material regarding HIPAA, privacy practices and codes of conductduring the initial credentialing process. Additionally, each currentcredentialed physician will receive a copy of the Kindred Healthcare HospitalEducation packet annually beginning May, 2016. This packet includes specificinformation regarding HIPAA and patient privacy expectations. Physician compliance and performance regarding patient privacy willbe reviewed and outliers addressed during Medical Executive Committee beginning 5/6/2016 The Chief Executive Officer is ultimately responsible for the correctiveaction and ongoing compliance.	05/06/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	potential violations involving protected health information and personal information. An impermissible acquisition, access, use or disclosure of protected health information is presumed to be a breach unless the Hospital demonstrates through a risk assessment... Privacy Incident Response: All potential violations should be reported, regardless of the workforce member's perceived severity of the violation. Examples of Potential Breaches: This list is not all inclusive. All potential breaches should be reported. b. #3. Verbal - Disclosing information to an unauthorized recipient... c. The policy was Effective 7/19/13. 3. Review of the policy titled Patient Rights: Notice of Privacy Practices indicated the following: The Hospital will provide individuals with adequate notice of their rights with respect to uses and disclosures of protected health information...The policy was Effective 7/19/13. 4. Review of patient 1's (P1) medical record (MR) lacked documentation of persons designated as allowed to receive updates. Physician MD2's Physician Progress Notes dated 3/12/15 indicated the following: "Long talk with" family member C1, with "3 friends present."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	152008	A. BUILDING 00 B. WING	01/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED HOSPITAL- INDIANAPOLIS SOUTH	607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	C1 "unrealistic and I told" (them) patient "wasn't going to get better or go home!" 5. On 1/27/16 at 1:20pm, A5 indicated the hospital had not had any personal health information violations or breaches documented within the past year and that staff discussing patient medical information in an open area with persons not authorized would be considered a violation. 8. On 1/27/16 at 2:45pm, A1, Nurse Manager, indicated each MR should have a Designation of Individuals Allowed to Receive Updates form if the patient/patient representative has authorized release of medical information to specific persons. A1 verified P1's MR lacked documentation of authorized individuals or a copy of the form.			