

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

PRINTED: 09/01/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  150074		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/12/2021	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY HOSPITAL EAST				STREET ADDRESS, CITY, STATE, ZIP COD 1500 N RITTER AVE INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 two state licensure hospital complaints.</p> <p>Complaint Number: IN00274040 Unsubstantiated: Lack of sufficient evidence.</p> <p>Complaint Number: IN00278709 Substantiated: Deficiency related to the allegation is cited.</p> <p>Date of Survey: 08/12/21</p> <p>Facility Number: 005068</p> <p>QA: 8/17/21 &amp; 8/18/21</p>			S 0000			
S 0726  Bldg. 00	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(7)(A)(B)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(7) The hospital shall ensure the confidentiality of patient records which includes, but is not limited to, the following:</p> <p>(A) A procedure for releasing information from or copies of records only to authorized individuals in accordance with federal and state laws.</p>						

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

TITLE

(X6) DATE

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 disclosed 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>(B) A procedure that ensures that unauthorized individuals cannot gain access to patient records.</p> <p>Based on document review, the facility failed to ensure confidentiality of patient records related to discharge information for 1 of 11 (Patients 10) medical records reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of policy titled, "Authorization to Access, Use, Release or Disclose Protected Health Information", PolicyStat ID: 8110405, last approved 08/2020, indicated except as provided by the HIPAA (Health Information Portability and Accountability Act) Privacy Rule, the facility may use, release or disclose private health information without an authorization from the patient, the following: <ol style="list-style-type: none"> <li>1. required by law;</li> <li>2. public health activities;</li> <li>3. victims of abuse, neglect or domestic violence;</li> <li>4. health oversight activities;</li> <li>5. judicial and administrative procedures;</li> <li>6. law enforcement activities;</li> <li>7. related to descendants;</li> <li>8. organ, eye or tissue donation;</li> <li>9. research;</li> <li>10. to avert a serious threat to health or safety;</li> <li>11. special government functions; or</li> <li>12. as authorized by and to the extent necessary to comply with workers' compensation and similar laws.</li> </ol> </li> <li>2. Review of Patient 10's medical record indicated discharge from Progressive Care Unit/Intensive Care Unit (PCU/ICU) on 10/30/18 at 11:45 am.</li> </ol>			S 0726	<p><b>Plan of Correction</b></p> <p>This event occurred while Community Hospital East was in its previous building. At that time, the unit where this occurred (PCU) shared a printer with another unit (ICU). Both units generated a large amount of discharge information on that one printer.</p> <p>The patient care areas moved into the new patient tower in February 2019. Each unit now has a dedicated printer which reduces the volume of information being printed and minimizes the risk of incorrect patient information being provided inadvertently.</p> <p>The RN involved in this situation received verbal coaching regarding this event, including the expectation to double check all information prior to giving it to a patient in order to confirm the identity of the patient information being provided. This conversation occurred 8/24/2021.</p> <p>PCU / ICU staff members were reeducated via an email from unit leaders on the expectation to double check all information prior to giving it to a patient in order to confirm the identity of the patient information. This expectation must be completed each time patient</p>		09/01/2021

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	<p>3. Review of Patient 11's medical record indicated discharge from PCU/ICU on 10/30/18 at 11:41 am.</p> <p>4. Review of documents received with complaint allegation intake indicated that Patient 10 received Patient 11's discharge instructions.</p>				<p>information is provided. The email was sent with a read receipt on 8/29/21.</p> <p><b><u>Monitoring Plan to Prevent Recurrence</u></b> The unit manager or their designee will audit at least 10 discharges per week ensuring that the patient identity is verified to be correct on each document prior to presenting to the patient. This unit averages 18 – 25 discharges per week. The audit will be conducted for 3 months and monthly thereafter until 100% compliance is reached and sustained.</p> <p><b><u>Responsible Person</u></b> PCU / ICU Nurse Manager</p> <p><b><u>Date of Completion</u></b> 9/1/21</p>		