

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

PRINTED: 03/27/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150001		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2024	
NAME OF PROVIDER OR SUPPLIER JOHNSON MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 1125 W JEFFERSON ST FRANKLIN, IN 46131			
(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: IN00420383 - Deficiency unrelated to the allegations is cited at S 0418. Date of Survey: 2/22/24 Facility Number: 005001 QA: 3/6/2024 & 3/7/2024			S 0000			
S 0418 Bldg. 00	410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(b)(1)(2) (b) The hospital shall take appropriate action to address the opportunities for improvement found through the quality assessment and improvement program as follows: (1) The action shall be documented. (2) The outcome of the action shall be documented as to its effectiveness, continued follow-up and impact on patient care. Based on document review and interview the facility failed to investigate a patient care complaint per policy for 1 of 5 medical records reviewed. (P1) Findings include: 1. The facility policy titled, "PATIENT			S 0418	S 0418 This event occurred because the clinical care aspects of a complaint were mixed with other types of complaints and were overlooked. To prevent future occurrence of this concern, our grievance policy		04/08/2024

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

TITLE

(X6) DATE

William Mink

Director of Quality and Safety

03/21/2024

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>COMPLAINTS/GRIEVANCES", policy number CODE: RI.10.38, last reviewed/revised 12/22, indicated the following:</p> <p>a. The hospital must review, investigate, and resolve each patient's grievance within a reasonable timeframe (within seven working days).</p> <p>b. If the grievance will not be resolved, or if the investigation is not or will not be completed within 7 days, the hospital should inform the patient or the patient's representative that the hospital is still working to resolve the grievance and will follow-up with a written response within 45 days.</p> <p>c. In all cases, the hospital must provide a written response to the patient's grievance. When a patient communicates a grievance to the hospital via e-mail or requests a response via e-mail, the hospital may provide its response via e-mail. The written response, including e-mail response, must be communicated in a language and manner the patient/representative understands and provides:</p> <ol style="list-style-type: none">1. The hospital's decision/resolution.2. The name of the hospital contact person.3. The steps taken on behalf of the patient to investigate the grievance.4. The date of grievance investigation completion. <p>2. A complaint was filed on behalf of P1 by his/her spouse NP1 with complaints related to patient care, accusations of inappropriate behavior by NP1. This complaint was forwarded to human resources by patient excellence d/t the nature of the allegations reported by NP1. Subsequently, the patient care concerns were never investigated nor was a letter of resolution sent to the patient or spouse by patient excellence as dictated per H1's Complaint and Grievance policy.</p> <p>3. In interview on 2/22/24 at approximately 12:30</p>				<p>has been updated to be more clear to the reader (hospital leaders). The policy updates have been finalized by the Patient Advocate as of March 20, 2024. The policy is not attached because the process is unchanged.</p> <p>To prevent future occurrence of this concern, we will also provide grievance process education to the hospital leadership team, emphasizing the difference between personnel matters and patient care concerns and that complaints may have a mixture of complaint types that must be addressed in different ways. The education will be provided by the Patient Advocate by April 8, 2024. To monitor compliance with our grievance process we will keep a log of complaints expressed and action taken. Please see attachment "S 0418 Grievance Tracker.pdf". This log is being used as of March 21, 2024. This ongoing log will be maintained by the Patient Advocate and will be shared at meetings of the hospital Grievance Committee for review and oversight.</p>		

