

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150162	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2023
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP COD 8111 S EMERSON AVE INDIANAPOLIS, IN 46237
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S 0000 Bldg. 00	<p>This visit was for an investigation for a State Licensure Hospital Complaint.</p> <p>Complaint IN00387240 - State deficiency related to the allegations is cited at tag S0930.</p> <p>Survey Date: September 11, 2023</p> <p>Facility Number: 004972</p> <p>QA: 9/20/2023, 9/21/2023 & 9/25/2023</p>	S 0000	<p>1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <ul style="list-style-type: none"> · Re-educate all clinical staff on linen change, catheter care, and replacement of external catheter guidelines via Huddle-Up educational document. · Nursing departments will complete chart audits to verify adequate linen change, catheter care, and replacement of external catheter. Chart audits on will be documented via Vocera care rounds. · Nursing managers will audit 5 charts per month for 3 consecutive months with a compliance rate of 100% and quarterly audits thereafter. · Audit results to be complied on the Quality PI Dashboard for each department and reported up through Quality Council quarterly. <p>3. Who is going to be responsible for numbers 1 and 2</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Julie Marie Temperly Borns	Accreditation Coordinator	10/03/2023

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>above; i.e., director, supervisor, etc.?</p> <ul style="list-style-type: none"> · Nursing Director of Operations is responsible for ongoing compliance for this action plan. · Nursing manager is responsible for department chart audits. · Education manager is responsible for staff re-education. <p>4. By what date are you going to have the deficiency corrected? · OCTOBER 25, 2023</p> <p>5. You must provide a specific date the deficiency will be or has been corrected (month, day, and year) in the "Completion Date" column. The maximum correction time allowed is thirty (30) days from the Notice of Noncompliance. · October 25, 2023, for education and monitoring (audits will be ongoing).</p> <p>6. If the nature of the deficiency precludes completion within the above-stated thirty (30) days, the Plan of Correction must be written in incremental thirty (30) day phases. N/A</p>	

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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, the facility failed to document bed linen changes in 4 of 5 (patients 1, 2, 3, and 4) medical records; linen change after incidence of incontinence in 1 of 5 (patient 5) medical records; and perineal/catheter care and replacement of external catheter in 1 of 5 (patient 5) medical records reviewed.</p> <p>Findings include:</p> <p>1. Review of policy titled, "Urinary Catheter Infection Prevention and Removal Guideline", last revised 09/29/2022, stated catheter care and perineal care be completed each shift, with each stool, and as needed, and document perineal care in the EMR (electronic medical record).</p> <p>2. Review of policy titled, "Linen/Bed Makeup Guideline", last revised on 07/07/2022, stated bed linen will be changed when wet, or visibly soiled, or contaminated with blood and body fluids; any time the patient or family requests; and on scheduled linen days, and to document on flow sheet.</p> <p>3. Review of document titled, "Purewick Female External Catheter", stated to replace the Purewick female external catheter at least every 8 to 12 hours or if soiled with feces or blood; and assess</p>	S 0930	<p>1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <ul style="list-style-type: none"> · Re-educate all clinical staff on linen change, catheter care, and replacement of external catheter guidelines via Huddle-Up educational document. <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <ul style="list-style-type: none"> · Nursing departments will complete chart audits to verify adequate linen change, catheter care, and replacement of external catheter. Chart audits on will be documented via Vocera care rounds. · Nursing managers will audit 5 charts per month for 3 consecutive months with a compliance rate of 100% and quarterly audits thereafter. · Audit results to be complied on the Quality PI 	10/25/2023

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	<p>device placement and patient's skin at least every 2 hours.</p> <p>4. Review of medical record 5 lacked documentation of perineal and catheter care for each shift.</p> <p>5. Review of medical records 1, 2, 3, and 4, lacked bed linen change documentation for their length of stay and medical record 5 lacked documentation of linen changes after incidents of incontinence.</p> <p>6. Review of medical record 5 lacked documentation of change replacement of external female catheter.</p> <p>7. Interview with A2 (Clinical Informaticist and Registered Nurse) on 09/11/2022, at approximately 2:30 pm confirmed that the MRs reviewed lacked linen change documentation, catheter care, and replacement of external catheter.</p> <p>8. Interview with A8 (Staff Development Coordinator and Registered Nurse) on 09/11/2022, at 3:20 pm, confirmed that external catheter education stated to change catheter every 8 -12 hours or if soiled with feces or blood and assess device placement and patient's skin at least every 2 hours.</p> <p>9. Interview with A5 (Manger of Clinical Education) on 09/11/2022, at approximately 4:20 pm, confirmed policy attachment for instructions on use of external catheter stated to replace catheter every 8 to 12 hours or if soiled with feces or blood.</p>		<p>Dashboard for each department and reported up through Quality Council quarterly.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</p> <ul style="list-style-type: none"> · Nursing Director of Operations is responsible for ongoing compliance for this action plan. · Nursing manager is responsible for department chart audits. · Education manager is responsible for staff re-education. <p>4. By what date are you going to have the deficiency corrected? · OCTOBER 25, 2023</p> <p>5. You must provide a specific date the deficiency will be or has been corrected (month, day, and year) in the "Completion Date" column. The maximum correction time allowed is thirty (30) days from the Notice of Noncompliance. · October 25, 2023, for education and monitoring (audits will be ongoing).</p> <p>6. If the nature of the deficiency precludes completion within the above-stated thirty (30) days, the</p>	

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

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