PRINTED: 10/05/2023 FORM APPROVED OMB NO. 0938-039

	WIEDICAKE & MEDIC				ONIB NO. 0938-039	
		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE Co		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED	
		150056	B. WING		08/29/2023	
	PROVIDER OR SUPPLIER		1701 N	ADDRESS, CITY, STATE, ZIP COD I SENATE BLVD JAPOLIS, IN 46202		
	Т			, T		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
S 0000						
Bldg. 00	Licensure Hospital  Complaint IN00380	9731 - State deficiency related to	S 0000			
	the allegations is cited at tag S0776.  Survey Date: 8/29/2023					
	Facility Number: 0	05051				
	QA: 9/8/2023 & 9/	/11/2023				
S 0776	410 IAC 15-1.5-4 MEDICAL RECOR	RD SERVICES				
Bldg. 00	410 IAC 15-1.5-4(					
	' '	ords shall document ot be limited to, the				
	intervention, if app	med, and patient response to blicable.				
	facility failed to have	review and interview, the we complete IV (intravenous) of 5 (1, 2, 3, 4, and 5) medical	S 0776	How are you going to corrected, include the steps ta and the date of correction.      The subsequent internal		
	Findings include:			investigation of the complaint demonstrated that the correct		
	1. Review of facility	y policy titled, "Peripheral		policy applicable to the radiolo	gy	
	Venous Access Dev	vice: Insertion, Assessment,		department was not shown to	the	
	and Management",	last approved 03/29/2023,		on-site surveyor during the		
	indicated the scope	applies toproviding care to		investigation. The applicable p	oolicy	
	patients with periph	neral venous access devices		for radiology department is the	- I	
	and refers to Lippin	cott IV Catheter Insertion,		Perioperative Peripheral Veno		

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

(X6) DATE

TITLE

Heidi Coffey Accreditation and Regulatory Manager 09/29/2023

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 08/29/2023		
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH			STREET ADDRESS, CITY, STATE, ZIP COD 1701 N SENATE BLVD INDIANAPOLIS, IN 46202				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION (X5)  .D BE IOPRIATE  COMPLETION  DATE		
TAG	revised August 21, a. Date and time of b. Number of insert c. Device functiona d. Insertion method and guidance techn e. Condition of the f. Method of the ins g. Dressing; h. Patient's toleranc i. Teaching provide applicable).  2. Medical records documentation of a statement.  3. Interview with A 08/29/2023 at appre that IV catheter pla documentation outl	2023: insertion; ion attempts; lity; , including any visualization ology used; insertion site; sertion site;	TAG	Access Devices and is att to our response. It aligns capabilities of the Radnet platform in its documental reflecting "the placement new peripheral IV access including the size and typ catheter, and any unexper findings", which differs from policy shown to the surver radiology Radnet EMR plates does not support the requirementation of the policy provided Peripheral Venon Access Device: Insertion, Assessment, and Manage with Lippencott Procedure reference. This investigate provided us the opportunit discover divergent charting practices and improve award for policy differences.  Be Evidence of compliant Perioperative Policy is att a second attachment for the patients surveyed.  How are you going to the deficiency from recurrifuture?  Subsequent to discove that patient documentation with the correct policy, we suggest that at present time deficiency exists.  The correct policy is we review period and is curried was established originally and most recently reviews 2022.  Subsequent in discovery controlled to the description of	tached with the EMR tion of any site, e of cted m the yor. The afform ired cy us ement es ion has ty to g areness ce to the ached in he other oprevent ing in the vering n aligns ene no within the ent and in 2008 ed in		

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

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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)    Description of the Approximate of two IV policies by the adjoint of department team members who are trained on IV placement to ensure familiarity with policy differences. This education will be repeated upon hire and annually for all team members.    3 Who is going to be responsible for numbers 1 and 2 above, i.e., director, supervisor, etc.?    a Manager Imaging Services   i Supervisor Imaging Services   i Supervisor Imaging Services   i Supervisor Imaging Services   ii Nursing Professional Development Generalist   iii Clinical Nurse Specialist   4 By what date are you going to be the property of the property	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150056	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 08/29/2023		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION    PREFIX TAG    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY INFORMATION    CACH DEFICIENCY MUST BE PRECEDED BY INFORMATION    CACH DEFICIENCY MUST BE PREFIX EXCENSIVE TO A SECOND TO A SE				1701 N SENATE BLVD				
a Deficiency has been corrected	PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAL DEFICIENCY)  lack of familiarity of the exister of two IV policies by the radiol supervisor on the day of survet the manager has provided education to department team members who are trained on placement to ensure familiarity with policy differences. This education will be repeated upon hire and annually for all team members.  3 Who is going to be responsible for numbers 1 and above, i.e., director, supervisor etc.?  a Manager Imaging Service i Supervisor Imaging Service ii Nursing Professional Development Generalist iii Clinical Nurse Specialist 4 By what date are you goir have the deficiency corrected.	COMPLETION DATE  nce logy ey, n IV y on d 2 or, es es es		

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