| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 150056 | A. BUILDING 00<br>B. WING | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| INDIANA UNIVERSITY HEALTH | 1701 N SENATE BLVD<br>INDIANAPOLIS, IN 46202 |

| (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<br><br>Bldg. 00 | This visit was for an investigation of a State Licensure Hospital Complaint<br><br>Complaint Number: IN00418952 - State deficiency related to the allegation is cited at S1504.<br><br>Survey Date: 01/03/2024<br><br>Facility Number: 005051<br><br>QA: 01/23/2024 | S 0000 | | |
| S 1504<br><br>Bldg. 00 | 410 IAC 15-1.6-2<br>EMERGENCY SERVICES<br>410 IAC 15-1.6-2(a)<br><br>(a) If a hospital provides a community emergency service, the service shall meet the emergency needs of the patients served, within the scope of the service offered, in accordance with acceptable standards of practice, and be under the direction of a physician qualified by education or experience.<br><br>Based on document review and interview, the facility failed to reassess and document patient's pain in 1 out of 5 (patient 3) medical records reviewed.<br><br>Findings include:<br><br>1. Review of policy titled, "Pain Management", published 02/08/2022, indicated that pain should be reassessed by evaluating the patient's | S 1504 | **1 Correction of the deficiency/Who is responsible/date of correction:** The Clinical Manager of the Emergency Department is responsible for the correction of deficiencies and the date of correction is February 19, 2024. Reviewed the Lippincott Pain Assessment module and have created a summary of Pain | 02/19/2024 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Jennifer Conrad | Accreditation and Regulatory | 02/02/2024 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| | response to treatments and documented in the patient's medical record.<br><br>2. Review of patient 3's medical record lacked documentation of pain reassessment following pain medication administration and prior to discharge.<br><br>3. Interview with A3, (Clinical Manager of the Emergency Department), on 01/03/2023, at approximately 11:45 am confirmed that patient 3's medical record lacked documentation of pain reassessment and was not assessed prior to discharge. | | Assessment and Documentation Guidelines. This education summary will be shared with all ED staff during in person daily huddles beginning February 2, 2024. There is an email version that is sent to all ED team members as part of the ED's weekly updates.<br>The ED team is to review and sign off on the reading and understanding of the Pain Management and Documentation Policy by February 19.<br><br>**2. Prevention of the deficiency:**<br>Audit Tool has been created to capture pain assessment and reassessments in the ED. Beginning February 9, 2024, shift coordinators and the Manager of the ED will audit 30 charts per month for three months until 100% compliance, then monthly to assure sustained compliance. The data will be shared at ED staff meetings and feedback will be given to the nurses who did not document per policy. | |