

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150056	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2019
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN 46202
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S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00221114</p> <p>Substantiated: Deficiency related to allegations is cited.</p> <p>Date of Survey: 7/9/19</p> <p>Facility Number: 005051</p> <p>QA: 7/23/19</p>	S 0000		
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 evaluate the care provided to 1 of 5 (patient 1) medical records (MR) reviewed.</p> <p>Findings include:</p> <p>1. Review of facility policy, Nursing Scope of Practice, Origination: 7/28/2014, Last Revised 8/31/2017, indicated the following. The registered nurse has a responsibility to apply the nursing process and shall do the following: ...Initiate nursing actions to assist the patient to maximize his or her health capabilities.</p>	S 0930	<p>·On August 19th through August 23 education was provided to all nurses and unlicensed support personnel on the practice of meal assistance and documentation of meal intake within the medical record.</p> <p>·The charge nurse evaluated learning during daily safety huddles to ensure staff understand what patients require assistance, a plan to provide assistance, and documentation of</p>	08/23/2019

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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>2. Procedure for DAY SHIFT 3 South Welcome Sheet indicated 10:00-12:00 and 14:00-16:00 Check I&O's (Chart lacked documentation of multiple meals without explanation as indicated above. MR lacked documentation of assistance with meals.)</p> <p>3. Review of patient 1's MR indicated the following. History & Physical (H&P) signed by MD 2 (Family Medicine/Resident, Medical Doctor) on 12/28/2016, at 09:51 hours, modified and signed by MD 1 (Head/Neck Surgeon, Medical Doctor) on 12/28/2016, at 11:45 hours. To OR (operating room) for WLE (wide local excision) left nose/cheek and FTSG (Full Thickness Skin Graft). Speech Therapy Evaluation December 30, 2016, 08:00 hours, by N6 (Speech-Language Pathologist) indicated the following. He/she required some physical assistance with feeding (primarily using utensils), but was motivated and wanted to feed himself... He/she will require physical assistance with feeding. Flow sheet indicated the following related to Meals and Fluids:</p> <p>A. 12/28/16 at 21:30 hours, 220 ml (milliliters) Sprite, Water, at 23:29 hours, 240 ml of Ice, Water...</p> <p>B. 12/29/16 at 15:00 hours, 240 ml water, 25% breadstick w/ (with) spaget ... 12/29/16, at 19:00 hours, NPO (nothing by mouth) ...</p> <p>C. 12/30/16, at 10:00 hours, 120 ml Orange Juice 75% chocolate pudding. va ... at 14:00 hours, 100% jello, ice cream, at 21:00 hours, 220 ml Water.</p> <p>D. 12/31/16 at 9:00 hours, 240 ml, Milk 2%, 100% eggs, did ewat 1/4 fre ... at 11:00 hours, 120 ml Water, at 14:00 hours, 240 ml Milk 2%, 100% spagetti, bread stick, p... 12/31/16, at 17:00 hours, 240 ml Milk 2%, at 18:00 hours, 240 ml, Milk 2%, 100% chicken, broccoli, pudd... at</p>		<p>meal intake into the medical record.</p> <p>Monitoring</p> <ul style="list-style-type: none"> The charge RN will be notified of all patients who require assistance with meals and will monitor these patients throughout their stay to ensure care requirements are met. The unit manager and shift coordinator will complete documentation audits on all patients who are identified as needing assistance with meals to ensure meal intake is documented in the medical record. The unit will review documentation until 100% accuracy for 3 consecutive months. If the referenced threshold is not met, then auditing will continue until such time that data for a consecutive three month period reflects achievement of the 100% threshold. <p>Responsible Person(s)</p> <p>The Clinical Manager of the unit will be responsible for ensuring that staff are competent in documenting patient meal intake and assistance levels to ensure the deficiency is corrected and will not reoccur.</p>		

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	<p>22:00 hours, 240 ml Water.</p> <p>E. 01/01/17 at 03:00 hours, 120 ml Water, at 09:00 hours, 300 ml Milk 2%, Orange Juic..., 100% eggs, at 18:00 hours, 100% beef tips with noodles, at 23:30 hours, 360 ml, Water.</p> <p>F. 01/02/17 at 3:10 hours, 360 ml Water, at 8:00 hours, 480 ml Orange Juice, 100% eggs, at 9:00 hours, 480 ml, water, at 16:00 hours, 240 ml, at 18:00 hours, 120 ml.</p> <p>G. 01/03/17 at 09:00 hours, 240 ml Milk 2%, Orange Juic, 100% eggs, at 14:00 hours, 240 ml Milk Whole 80% fresh fruit cup, chees... at 17:00 hours, 120 ml Other (See Comment) ...</p> <p>H. 01/04/17 at 8:40 hours, 240 ml Apple Juice 65% scrambled egg, 1 fres... at 8:50 hours, 236 ml Milk Whole, at 09:00 hours 400 ml Water, at 14:14, 400 ml, Water, at 15:00 hours, 300 ml Water, at 18:50 hours, 400 ml Water, 100% vanilla ice cream, fres... at 18:52 hours, 240 ml Milk whole.</p> <p>(MR lacked indication of solid food offered on the following occasions. 1/1/17, solid food and fluids at 09:00 hours, no indication solid food until at 18:00 hours, no indication of fluids until at 23:30 hours. On 01/04/17 solid food at 8:50 hours no indication of solid food until at 18:50 hours. MR lacked documentation of assistance with meals.)</p> <p>4. Interview on 7/9/2016, at 12:37 hours, with N1 (Quality Improvement Consultant) confirmed MR lacked documentation of multiple meals as indicated above. MR lacked documentation of assistance with meals.</p> <p>5. Interview on 7/9/2016, at 12:52 hours, with N1 confirmed MR lacked documentation of orders for patient assistance with meals.</p> <p>6. Interview on 7/9/2019, at approximately 13:45 hours, with N2 (Regulatory Consultant)</p>			

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

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FORM APPROVED

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	confirmed Procedure Day Shift 3 was in effect in 12/2016 through 1/2017.				