

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/25/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HADLEY RD MOORESVILLE, IN 46158
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00158510</p> <p>Unsubstantiated: lack of sufficient evidence & deficiency cited unrelated to the allegations.</p> <p>Date: 11-24/25-14</p> <p>Facility Number: 5052</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA Review: 12-09-14 JLee.</p>	S 000		
S 712	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES</p> <p>410 IAC 15-1.5-4 (c)(1)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to document that the notice of patient rights was provided to a patient or the patient's representative prior to receiving care for</p>	S 712		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/25/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HADLEY RD MOORESVILLE, IN 46158
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLETE DATE
S 712	<p>Continued From page 1</p> <p>1 of 6 (patient 22) medical records (MR) reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. The policy/procedure Patient Rights and Responsibilities (reviewed 3-14) indicated the following: "The hospital will provide information on patients ' rights and responsibilities to all patients receiving services ...Inpatients are notified upon admission through the Patient Information Guide. " 2. The policy/procedure Hospital Medical Records - General Information (revised 2-12) indicated the following: " The medical record for each patient ...assists with protecting the legal interest of the patient, [and] the hospital ...[and] ...assures that the maximum possible information about a patient is available ... " 3. The MR for patient 22 failed to indicate documentation that the patient or the patient's representative was provided with a copy of the notice of Patient Rights around the time of admission on 6-22-14 at 1230 hours. 4. During an interview on 11-24-14 at 1405 hours, the medical-surgical unit manager A3 confirmed that the MR for patient 22 lacked documentation indicating that notice of Patient Rights was provided to the patient or the patient's representative at the time of admission to the facility. 	S 712		