

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 11/14/2011
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN46206
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(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) COMPLETION DATE
S0000	<p>This was a State hospital complaint investigation.</p> <p>Complaint: #IN00092046 Substantiated: State deficiency related to the allegations is cited.</p> <p>Facility Number: 005051</p> <p>Survey Date: 11/14/2011</p> <p>Surveyor: Sandra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 12/16/11</p>	S0000		
S0712	<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>Based on medical record review, complainant documentation, and interview, the facility failed to ensure 1 of 5 medical records reviewed (#N5)</p>	S0712	<p>Preparation and execution of this response and plan of correction do not constitute an admission or agreement by the provider of the truth of the</p>	12/14/2011

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>contained accurate, consistent information.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. The medical record admission note from 03/17/11 for patient #N5, failed to identify the surgical removal of the prostate gland or any history of a previous small bowel obstruction. The admission note by physician #D12 indicated a history of prostate cancer treated with radiotherapy 8 years ago and a partial removal of the colon due to colon polyps in 1995. 2. A medical record entry from pulmonary resident, physician #D1, on 03/29/11 indicated a history of small bowel obstruction in the past, 20 years ago. 3. A report by physician #D11 of a CT scan of the abdomen and pelvis on 03/29/11 indicated, "...The prostate gland is surgically absent." 4. A surgical consult note by physician #D6 on 03/30/11 indicated the patient had a colectomy for unresectable polyp in 1995 and had no prior episodes of small bowel obstruction. 5. Patient #N5 provided written 		<p>facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of state and federal law.<u>Credible Allegation of Correction and Compliance</u>: For the purpose of any allegation that Indiana University Health, Inc. ("IU Health") is not in substantial compliance with the regulations set forth, this plan of correction constitutes IU Health's credible allegation of correction and compliance. The hospital conducted a thorough review of patient records as far back as 1998. We are unable to find any additional references to surgical removal of the prostate or previous small bowel obstruction. The issue of inconsistency of medical staff documentation has been referred for peer review and clarification, as needed, to the patient's record.</p>		

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	<p>information indicating he/she had never had a previous small bowel obstruction and when he/she questioned physician #D1 regarding the source of this information, the physician could not supply it. The patient also indicated the prostate gland had never been surgically removed.</p> <p>6. Between 11:30 AM and 4:00 PM, the medical record information for patient #N5 was reviewed with staff member #P1 on the electronic medical record. Staff member #P1 confirmed the inconsistent physician documentation.</p>				