

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150074	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/11/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 N RITTER AVE INDIANAPOLIS, IN 46219
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S 0000 Bldg. 00	The visit was for the investigation of a State Hospital complaint. Complaint Number: IN00206135 Unsubstantiated: Lack of sufficient evidence. An unrelated deficiency is cited. Date: 8-10/11-16 Facility Number: 005068 QA: 8/18/16 jlh	S 0000		
S 0322 Bldg. 00	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially. Based upon document review and interview, the facility failed to ensure all ED (emergency department) policies and procedures were maintained and updated	S 0322	<u>Issue identified:</u> <u>S 322</u> - This RULE is not met as evidenced by: Based upon document review	09/30/2016

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>at least triennially for its Triage policy/procedure.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The policy titled Corporate Clinical Policies and Procedures: Purpose, Criteria, and Format (approved 11-14) indicated the following: "A CLN (Corporate Clinical Policy and Procedure) must be approved a minimum of every three years and with any significant change in practice, standard, service, or equipment." 2. The policy/procedure Triage, Emergency Department (approved 4-13) failed to indicate documentation of review or approval in the past 3 years. 3. On interview on 8-11-16 at 1145 hours, the vice president of quality and risk management, staff A14 confirmed the ED policy/procedure had not been approved in the past 3 years and no other documentation was available. 		<p>and interview,the facility failed to ensure all ED (emergency department) policies andprocedures were maintained and updated at least triennially for its Triagepolicy/procedure.</p> <p>-</p> <p>-</p> <p><u>Short TermRemedy:</u></p> <p>This policy was in the process of being reviewed at the time of thissurvey. The most up to date version was uploaded to the internal policy site on8/19/16.</p> <p>-</p> <p>-</p> <p><u>DateStarted:</u> 8/11/16</p> <p><u>Date to be Completed:</u> 8/19/16</p> <p>-</p> <p><u>Long TermRemedy:</u></p> <p>-</p> <p>Network is implementing new policy software that will ease tracking ofpolicy review/ due dates. Until implementation is completed, all EmergencyDepartment policies have been inventoried and review/ due dates identified.</p> <p>Any policy that is out of date has been sent to review committee forexpeditied review.</p> <p>-</p> <p>-</p>	

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S 1510 Bldg. 00	410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2(b)(2)(A)(B)(C) (b) The emergency service shall have the following:		<p><u>-DateStarted:</u> 8/11/16</p> <p><u>-Dateto be Completed:</u> 9/30/16</p> <p>-</p> <p><u>-Plan to prevent future recurrence:</u> Network is implementing new policy software that will ease tracking ofpolicy review/ due dates. Until implementation is completed, all EmergencyDepartment policies have been inventoried and review/ due dates identified.</p> <p>ED Director and ED Policy coordinator will ensure that all policies arereviewed and uploaded to the internal policy site by their due date.</p> <p><u>-Who isresponsible for numbers 1 & 2 above?</u> (Not by name, but by position) ED Director ED Policycoordinator</p> <p><u>-What datewill deficiency be corrected?</u> (Must provide specific date- Month- Day- Year.Maximum correction time allowed is 30 days from the date of survey.)9/30/16</p>	

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	<p>(2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following:</p> <p>(A) Provision for the care of the disturbed patient.</p> <p>(B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care.</p> <p>(C) Provision for transfer of patients when care is needed which cannot be provided.</p> <p>Based on document review and interview, the facility lacked documentation of medical staff approval for 1 ED (emergency department) medical care policy/procedure.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The policy titled Corporate Clinical Policies and Procedures: Purpose, Criteria, and Format (approved 11-14) indicated the following: "Every CLN (Corporate Clinical Policy and Procedure) must be approved by a representative from departments affected by the CLN content (the Key Stakeholders)." The policy/procedure Psychiatric 	S 1510	<p><u>-IssueIdentified:</u> S 322- This RULE is not met asevidenced by: Based on document review and interview, the facility lacked documentation of medical staff approval for 1 ED (emergency department) medical care policy/procedure.</p> <p><u>-Short TermRemedy:</u> This policy is on the docket to be reviewed at the ED Steering Committee meeting on 9/21/16. (This is the first meeting of this group sincereport of these citations were received.</p> <p>-</p> <p>-</p>	09/30/2016	

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	<p>Emergencies (approved 4-15) lacked evidence of medical staff review.</p> <p>3. On 8-10-16 at 1435 hours, the director of quality, staff A4 was requested to provide documentation indicating the ED policy/procedure was reviewed and approved by its medical staff and none was received prior to exit.</p> <p>4. On interview on 8-11-16 at 1145 hours, the vice president of quality and risk management, staff A14 confirmed that no documentation indicating the medical staff approval of the ED policy/procedures was available.</p>		<p><u>-DateStarted:</u> 8/11/16</p> <p><u>-Dateto be Completed:</u> 9/21/16</p> <p>-</p> <p><u>-Long TermRemedy:</u></p> <p>-</p> <p>Network is implementing new policy software that will ease tracking ofpolicy review/ due dates. Until implementation is completed, all EmergencyDepartment policies have been inventoried and review/ due dates identified.</p> <p>-</p> <p><u>-DateStarted:</u> 8/11/16</p> <p><u>-Dateto be Completed:</u> 9/21/16</p> <p>-</p> <p><u>-Plan to prevent future recurrence:</u></p> <p>Network is implementing new policy software that will ease tracking ofpolicy review/ due dates. Until implementation is completed, all EmergencyDepartment policies have been inventoried and review/ due dates identified.</p> <p>ED Director and ED Policy coordinator will ensure that all policies arereviewed and uploaded to the internal policy site by their due date.</p> <p><u>-Who isresponsible for numbers 1 & 2 above?</u> (Not by name, but by position) ED Director</p>	

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			ED Policycoordinator <u>-What date will deficiency be corrected?</u> (Must provide specific date- Month- Day-Year. Maximum correction time allowed is 30 days from the date of survey.)9/30/16		