STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	150056	A. BUILDING 00 B. WING	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD 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
A 0000 Bldg. 00	This visit was for the investigation of a federal hospital complaint. Complaint Number: IN00439876 - Deficiency related to the allegations is cited A 0130. Survey Date: 8/13/24 & 8/22/24 Facility Number: 005051 QA: 8/19/24	A 0000		
A 0130 Bldg. 00	482.13(b)(1) PATIENT RIGHTS:PARTICIPATION IN CARE PLANNING The patient has the right to participate in the development and implementation of his or her plan of care. Based on documentation review and interview the facility failed to follow their policy ensuring a surrogate decision maker was included in and/or notified of the patient's plan of care for 1 of 10 medical records reviewed. (P1) Findings include: 1. Facility policy titled, "Patient/Parent Rights and Responsibilities, Complaints and Grievances", no policy number, publication date 06/22/2023, indicated under Your rights as a patient: To participate in decisions about care, treatment and services, which may include family and loved ones, as permitted by the patient or decision maker; this includes the development and implementation of an inpatient care plan, outpatient treatment or care plan, pain management plan and discharge plan. To be	A 0130	How we will correct the findings: Goal: improve documentation a. Method: To improve documentation the medical director will provide communication monthly and then quarterly to the team on documentation opportunities and education. The information will also be communicated during the medical director physician staff meeting, with the target audience of chief resident, faculty, fellows, all residents that go through the ICU. i. Education components: 1. Emphasize documentation & communication best practices	10/15/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Heidi Coffey | Accreditation and Regulatory Manager | 09/26/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	informed of outcomes of care, treatment and services, including unexpected outcomes. 2. MR documentation for P1 indicated on 7/18/24 at 4:54 pm indicated P1 wished to remain full code and wanted his/her ex-spouse to be the medical decision maker of him/her because was unable to speak for themselves. Social Work note documentation dated 7/18/24 at 6:48 pm indicated social work staff confirmed with P1's ex-spouse that the patient did not have an advance directive prior to being sedated and intubated. The patient's ex-spouse was provided an overview of the roles/responsibilities of a surrogate decision maker and an overview of the State's Consent Law. It was then determined that P1's only living child declined the role of surrogate decision maker, P1's parents and/or siblings were no longer living, and the patient had no other living relatives. Due to this, P1's ex-spouse was made the surrogate decision maker for the patient. Procedure note documentation dated 7/20/24 indicated the patient was extubated on 7/19/24 then became hemodynamically unstable on 7/21/24 requiring reintubation, central line placement, and arterial line placement. MR (medical record) for P1 lacked documented of prior notification to his/her surrogate decision maker on 7/19/24 of the plan to extubate P1, and lacked documentation of notification on 7/20/24 of an update to his/her surrogate decision maker of patient's care plan related to P1 being extubated on 7/19/24. 3. In telephone interview on 8/22/2024 at approximately 12:51 pm with A1 (Manager of Accreditation & Regulatory) confirmed there was no documented family/surrogate decision maker notification related to P1's extubation on 7/20/2024.		2. Emphasize plan of care and goals of care in documentation a. Including current plan of care and expected outcomes 3. Documentation improvement strategies include: a. Utilization of template; appropriate addendum of notes b. Suggested use of goals of care powerform c. Use of global autotext 4. Highlight best practices: a. Patient or surrogate decision maker b. Advance directives, POA c. Code status How will we prevent reoccurrence: i. Sustain educational components in MICU resident orientation ii. Sustain quarterly topic in medical director meetings iii. Weekly chart audits of goals of care and plan of care with coaching/feedback Who is responsible for plan of correction: Medical Director of Medical Intensive Care Unit Date of completion: 10/15/2024	

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S 0000 Bldg. 00	This visit was for the investigation of a State Licensure Complaint. Complaint Number: IN00439876 - Deficiency related to the allegations is cited at S 0322. Survey Date: 8/13/24 & 8/22/24 Facility Number: 005051 QA: 8/19/24 IDR Committee met on 09/18/2024. No Changes.	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 on documentation review and interview the facility failed to follow their policy ensuring a surrogate decision maker was included in and/or notified of the patient's plan of care for 1 of 10 medical records reviewed. (P1) Findings include:	S 0322	How we will correct the findings: Goal: improve documentation a. Method: To improve documentation the medical director will provide communication monthly and then	10/15/2024

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