

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

PRINTED: 09/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/09/2024
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN 46202	
(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
{A 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) for the Federal Hospital Complaint survey that was conducted on 07/08/2024 by the Indiana State Department of Health. Complaint Number: IN00436565 Survey Date: 08/09/2024 Facility Number: 005051 QA: 08/12/2024	{A 000}		
{A 168}	PATIENT RIGHTS: RESTRAINT OR SECLUSION CFR(s): 482.13(e)(5) §§482.13(e)(5) - The use of restraint or seclusion must be in accordance with the order of a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with State law. This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to renew the restraint order every 4 hours in 1 of 5 patients with a violent restraint order (Patient 2) medical records reviewed. Findings include: 1. Facility Policy titled, Use of Restraints and Seclusion, Publication Date 05/26/2022, indicated under VI. Procedures, C. Use of Physical Restraints, Seclusion, Chemical Restraint, or Hold for Violent Behavior, 6. The need to continue or ability to discontinue restraints/seclusion renewal process: When the order is near age	{A 168}		

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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{A 168}	Continued From page 1 appropriate renewal, RN assesses patient for readiness to discontinue. a. If patient meets criteria for discontinuation, end restraint or seclusion intervention and document. b. If patient needs to remain in restraints/seclusion, contact LIP to share findings and request renewal. c. Repeat process as needed for up to 24 consecutive hours; Adults (18 or older), renew every 4 hours. 2. Review of Patient 2's medical record indicated on 07/29/2024 at 2:34 a.m. a provider order for seclusion; patient placed in seclusion at 2:18 a.m. and removed from seclusion at 8:30 a.m. Medical record lacked documentation of a renewal order for seclusion within 4 hours of the initial seclusion order. 3. Interview with A3 (Manager of Accreditation and Regulatory Compliance) and A5 (Clinical Nurse Specialist) on 08/09/2024 at approximately 11:55 a.m., confirmed that patient 2's medical record lacked documentation of the seclusion renewal order completed within 4 hours of initial seclusion order.	{A 168}			
{A 184}	PATIENT RIGHTS: RESTRAINT OR SECLUSION CFR(s): 482.13(e)(16)(i) When restraint or seclusion is used, there must be documentation in the patient's medical record of the following: The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior. This STANDARD is not met as evidenced by:	{A 184}			

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{A 184}	<p>Continued From page 2</p> <p>Based on document review and interview, the facility failed to document the 1-hour face to face assessment after restraint placement for 4 of 5 patients with a violent restraint order (Patient 1, 2, 4, and 7) medical records reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility Policy titled, Use of Restraints and Seclusion, Publication Date 05/26/2022, indicated under VI. Procedures, C. Use of Physical Restraints, Seclusion, Chemical Restraint, or Hold for Violent Behavior, 5. Perform Face to Face evaluation within 1 hour. b. The face-to-face evaluation shall be completed within 1 hour of the patient being restrained or secluded and include the following: i. The patient's immediate situation. ii. The patient's reaction to the intervention., iii. The patient's medical and behavioral condition including a review of systems assessment, behavioral assessment, and an assessment of the patient's history including drugs, medications, and recent lab results etc that may contribute to their violent or self-destructive behavior. (CMS), iv. The need to continue or terminate the restraint and/or seclusion. 2. Review of Patient 1's medical record indicated that the patient was placed in restraints on 07/25/2024 at 1:46 a.m. and lacked documentation of the 1-hour face to face assessment. 3. Review of Patient 2's medical record indicated the patient placed in seclusion on 07/29/2024 at 2:18 a.m. and lacked documentation of the 1-hour face to face assessment. 4. Review of Patient 4's medical record indicated 	{A 184}			

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{A 184}	Continued From page 3 the patient placed in seclusion on 08/04/2024 at 5:51 a.m. and lacked documentation of the 1-hour face to face assessment. and lacked documentation of the 1-hour face to face assessment. 5. Review of Patient 7's medical record indicated the patient was placed in seclusion on 07/31/2024 at 10:30 p.m. and lacked documentation of the 1-hour face to face assessment. 3. Interview with A3 (Manager of Accreditation and Regulatory Compliance) and A5 (Clinical Nurse Specialist) on 08/09/2024 at approximately 11:55 a.m., confirmed that patients 1, 2, 4, and 7's medical record lacked documentation of the 1-hour face to face assessment after placement of the restraint and/or seclusion.	{A 184}			