

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

PRINTED: 05/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2023
NAME OF PROVIDER OR SUPPLIER NEUROPSYCHIATRIC HOSPITAL OF INDIANAPOLIS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6720 PARKDALE PLACE, SUITE 100 INDIANAPOLIS, IN 46254		
(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 an investigation of a Federal Hospital Complaint Survey. Complaint Number : IN00401711 Substantiated: Federal deficiencies related to allegation are cited. Survey Date: 03/08/2023 Facility Number: 013116	A 000			
A 395	QA: 3/15/2023 RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on document review and interview, the hospital failed to ensure nursing staff completed all information of laboratory services and care provided for 4 (four) of 11 (eleven) patients (P4, P5, P8, and P9); nursing staff failed to complete wound care orders and provide wound care in 1 (one) of 11 (eleven) patients (P1); nursing staff/unit clerk failed to print laboratory test results and include in medical record for 11 (eleven) out of 11(eleven) patient MRs reviewed. Findings include: 1. Review of the policy titled, "Laboratory Process", last approved 08/2020, indicated the following: Policy: To obtain laboratory results and place	A 395			5/19/23

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.

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

PRINTED: 05/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2023
NAME OF PROVIDER OR SUPPLIER NEUROPSYCHIATRIC HOSPITAL OF INDIANAPOLIS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6720 PARKDALE PLACE, SUITE 100 INDIANAPOLIS, IN 46254		
(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 395	<p>Continued From page 1</p> <p>them on the chart for provider review in a timely manner.</p> <p>Procedure: Nurse transcribes order onto patient lab sheet, which is with the patient's MAR (Medication Administration Record). Nurses/unit clerks obtain laboratory results from lab website and print results; nurses/unit clerks place printed results in the patient's medical record for the provider to review.</p> <p>2. Review of the policy titled, "Skin-Pressure Ulcer Assessment and Prevention", last approved 08/2022, indicated the following: Purpose: Patients determined to be at risk for skin breakdown shall receive the necessary care and services to prevent skin breakdown. Skin integrity shall be monitored throughout hospitalization. Procedure: The nurse will identify all applicable nursing interventions to assist in achieving the expected outcomes and goals include but not limited to: providing wound care per provider order.</p> <p>3. Review of Medical Records (MR) indicated the following: MRs for P#4, P#5, P#8 and P# 9 lacked documentation of transcribed order, completed laboratory blood draws by nursing staff, and laboratory results</p> <p>4. MRs for P#1, P#2, P#3, P#4, P#5, P#6, P#7, P#8, P#9, P#10, and P#11 lacked laboratory tests results as part of the MR.</p> <p>5. MR for P1 lacked documentation of daily dressing changes for wound located on right side of neck on 2/23/2023, 2/25/2023, 2/26/2023 and 2/28/2023.</p>	A 395			

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

PRINTED: 05/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2023
NAME OF PROVIDER OR SUPPLIER NEUROPSYCHIATRIC HOSPITAL OF INDIANAPOLIS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6720 PARKDALE PLACE, SUITE 100 INDIANAPOLIS, IN 46254		
(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 395	Continued From page 2 6. In interview on 03/08/2023 at approximately 1415 hours with A8 (Director of Nursing), he/she confirmed that laboratory order transcription was not completed, and MR lacked documentation of completed laboratory blood draws by nursing personnel on 4 (four) out of 11 (eleven) MR reviewed. 7. In interview on 03/08/2023 at approximately 1415 hours with A8 (Director of Nursing), he/she confirmed lack of documentation present in P1 medical record of daily dressing to right neck wound.	A 395			