

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

PRINTED: 06/20/2024  
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 04/22/2024
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	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of a federal hospital complaint.</p> <p>Complaint Number: IN00430906 - Federal deficiencies related to the allegations are cited at A0395 and A0750. Federal deficiency unrelated to the allegations is cited at A0724.</p> <p>Survey Date: 4/22/2024</p> <p>Facility Number: 013116</p> <p>QA: 4/29/2024</p>	A 000		
A 395	<p>RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3)</p> <p>A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on documentation review and interview, the nursing staff failed to offer and/or document daily shower, bath, and/or grooming for 1 of 10 medical records (MR) reviewed. (P1)</p> <p>Findings include:</p> <p>1. The facility policy titled, "Patient Personal Care", PolicyStat ID 12197137, last approved 08/2022, indicated under Policy: All patients admitted to the hospital will be supported and educated in activities of daily living (ADLs), focusing on personal hygiene and grooming. Articles for grooming and personal hygiene are available and accessible. Procedure: CMS defines ADLs as activities related to person care, which includes the following: Bathing/showering,</p>	A 395		7/31/24

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 395	<p>Continued From page 1</p> <p>Dressing, Getting in and out of bed/chair, Walking, Using the toilet, and Eating. All patients shall be encouraged or assisted in grooming daily or more often as needed.</p> <p>2. MR documentation indicated P1 did not receive a daily shower, bath, and/or grooming (which includes a change in clothes and bed linen change) by facility staff for dates 2/29/24, 3/2/24, 3/3/24, 3/4/24, 3/5/24, 3/6/24, 3/17/24, 3/18/24, 3/19/24, 3/22/24, 3/23/24, 3/24/24, 3/31/24, 4/1/24, and 4/5/24.</p> <p>3. In an interview on 4/16/24 at approximately 1:10 pm with B1 (Behavioral Health Associate-BHA) confirmed showers/bathing/grooming are offered daily, daily linen changes are to occur daily, facility BHA's are to document on the 15-minute observation rounding sheet when the patients have a shower/bath/grooming.</p> <p>4. In an interview on 4/22/24 at approximately 1:15 pm with A1 (Director of Nursing) P1's chart lacked documentation of daily showers and/or grooming for numerous days. P1's showers/bathing/grooming should have been documented daily and were not.</p>	A 395		
A 724	<p>FACILITIES, SUPPLIES, EQUIPMENT MAINTENANCE CFR(s): 482.41(d)(2)</p> <p>Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.</p> <p>This STANDARD is not met as evidenced by: Based on document review, observation, and interview, the facility failed to ensure the safety</p>	A 724		7/31/24

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A 724	<p>Continued From page 2</p> <p>and/or quality of facility linen in 1 of 1 areas toured. (Clean Linen Room)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility policy titled, "Storage and Transportation of Clean Linen", PolicyStat ID 12507957, last approved 10/2022, indicated all linens will be stored, handled, transported, and processed in a manner that prevents the transmission of micro-organisms to other patient areas.</li> <li>2. During facility tour on 4/22/24 at approximately 12:55 pm with A1 (Director of Nursing), facility clean linen room was observed to have a non-facility single air mattress donned with blankets and pillow on the floor that appeared to be recently used.</li> <li>3. In an interview on 4/22/24 at approximately 2:15 pm with N1 (Registered Nurse) confirmed he/she brought the air mattress, pillow, and blanket to the facility's clean linen room to rest between shifts on 4/22/24 from 3:00 am to 7:00 am.</li> <li>4. In an interview on 4/22/24 at approximately 2:45 pm with A3 (Chief Executive Officer), confirmed N1 should not have been using the facility's clean linen room to rest between shifts and therefore cannot ensure the safety and quality of linen stored in the clean linen room.</li> </ol> <p>INFECTION CONTROL SURVEILLANCE, PREVENTION CFR(s): 482.42(a)(3)</p> <p>The infection prevention and control program</p>	A 724		
A 750		A 750		7/31/24

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A 750	<p>Continued From page 3</p> <p>includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on documentation review and interview, the facility failed to complete and/or document daily room cleaning for 1 of 10 patient room cleaning logs reviewed. (P1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility policy titled, "Cleaning Occupied Rooms", PolicyStat ID 12508564, last approved 10/2022, indicated under Policy: All patient rooms will be cleaned on a daily basis.</li> <li>2. In an interview on 4/22/24 at approximately 2:45 pm with A3 (Chief Executive Officer) confirmed the facility should have had record of P1's daily room cleanings for the length of the hospitalization, but does not. P1's room should have been cleaned daily but the facility does not have documentation that the patient's room was cleaned each day per policy.</li> </ol>	A 750		