

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

PRINTED: 06/19/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>154063</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/14/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>NEUROPSYCHIATRIC HOSPITAL OF INDIANAPOLIS, LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>6720 PARKDALE PLACE, SUITE 100</b> <b>INDIANAPOLIS, IN 46254</b>			
(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 investigation of a Federal Hospital Complaint.  Complaint Number: IN00432893 - Deficiencies related to the allegations are cited at A0395, A0405 and A0701.  Survey Date: 05/14/2024  Facility Number: 013116  QA: 05/22/2024			A 000			
A 395	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, nursing services failed to document reason medications were not administered, failed to notify provider of missed medication administration, and failed to complete incident report for medications not administered for 1 of 10 (Patient 4) patient medical records reviewed  Findings include:  1. Facility policy titled, Administration of Medications, PolicyStat ID 11132380, last approved 02/2022, indicated when medications eligible for scheduled dosing time are not administered within the time period: document the reason the dose was missed or delayed. Notify the prescribing/attending physician if the delay poses an immediate patient care issue and for			A 395			7/14/24

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>time critical medication delays greater than 3 hours; non-time critical medication scheduled daily, weekly, or monthly delays greater than 8 hours; and verify that the medication is administered at the appropriate time, to ensure adherence to the prescribed frequency and time of administration.</p> <p>2. Facility policy titled, Incident Reports, PolicyStat ID 13033981, last approved on 01/2023, indicated that an incident is defined as: any event which is not consistent with the routine operation of the hospital and that adversely affects or threatens to affect the well-being of the patients, employees, medical staff, visitors, consultants, or property of, regardless of whether an actual injury is involved or not.</p> <p>3. Review of Patient 4's medical record lacked documentation of reasons for the following medications not administered on the following dates and scheduled times, and notification of missed administration to the provider:</p> <p>a. Air Duo one puff by mouth twice a day, ordered on 04/10/2024, for the 9:00 a.m. scheduled dose on 04/13/2024 and the 9:00 a.m. scheduled dose on 04/14/2024.</p> <p>b. Naltrexone 50 milligram by mouth daily, ordered on 04/12/2024, for the 9:00 a.m. scheduled dose on 04/13/2024 and the 9:00 a.m. scheduled dose on 04/14/2024.</p> <p>c. Nicotine Patch 21 milligram/24 hours topically, ordered on 04/10/2024, for the 9:00 a.m. scheduled dose on 04/14/2024.</p> <p>4. Review of incident reports from 01/01/2024 to 05/10/2024 lacked documentation that an incident report completed for the above missed medications for Patient 4.</p>	A 395			

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A 395	Continued From page 2  5. Interview with A1 (Chief Executive Officer) and A2 (Director of Quality and Infection Control) on 05/14/2024 at approximately 4:15 p.m. confirmed the following: a. Patient 4's medical record lacked documentation of the reason medications were not administered; the medication administration record indicated that the following medications were not administered: Air Duo one puff by mouth (PO) twice a day ordered on 04/10/2024, medication administration record indicated the scheduled dose at 9:00 a.m. on 04/13/24 and 04/14/24 were not administered; Naltrexone 50 milligram by mouth daily, ordered on 04/12/2024, medication administration record indicated the scheduled dose at 9:00 a.m. on 04/13/24 and 04/14/24 were not administered; Nicotine Patch 21 mg/ 24 hours topically ordered on 04/10/2024, medication administration record indicated the scheduled 9:00 a.m. dose on 04/14/24 was not administered. b. No incident reports were filed for the missed medications for patient 4. c. Unable to confirm when patient 4's scheduled medications were administered due to lack of time documentation on the medication administration record.	A 395			
A 405	ADMINISTRATION OF DRUGS CFR(s): 482.23(c)(1), (c)(1)(i) & (c)(2)  (1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.	A 405		7/14/24	

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A 405	<p>Continued From page 3</p> <p>(i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules, and regulations.</p> <p>(2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, nursing services failed to administer ordered and scheduled medications for 1 out of 10 (Patient 4) medical records reviewed.</p> <p>Findings include:</p> <p>1. Facility policy titled, Administration of Medications, PolicyStat ID 11132380, last approved 02/2022, indicated verify that the medication is administered at the appropriate time, to ensure adherence to the prescribed frequency and time of administration. When medications eligible for a scheduled dosing time are not administered within the defined time period: 1. document the reason the dose was missed or delayed (i.e. patient refused, patient off unit, etc.); 2. reschedule missed or delayed doses, as appropriate.</p> <p>3. Review of Patient 4's medical record lacked documentation the following medications were administered:</p>	A 405			

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A 405	Continued From page 4 a. Air Duo one puff by mouth (PO) twice a day, ordered on 04/10/2024, was not administered on 04/13/24 and 04/14/24 for the 9:00 am scheduled dose. b. Naltrexone 50 milligram by mouth daily, ordered on 04/12/2024, was not administered on 04/13/24 and 04/14/24. c. Nicotine Patch 21 mg / 24 hours topically, ordered on 04/10/2024, was not administered on 04/14/24.  7. Interview with A1 (Chief Executive Officer) and A2 (Director of Quality and Infection Control) on 05/14/2024 at approximately 4:15 p.m. confirmed the following Patient 4's medical record lacked documentation the following medications were administered: a. Air Duo one puff by mouth (PO) twice a day, ordered on 04/10/2024, was not administered on 04/13/24 and 04/14/24 for the 9:00 am scheduled dose. b. Naltrexone 50 milligram by mouth daily, ordered on 04/12/2024, was not administered on 04/13/24 and 04/14/24. c. Nicotine Patch 21 mg / 24 hours topically, ordered on 04/10/2024, was not administered on 04/14/24.	A 405			
A 750	INFECTION CONTROL SURVEILLANCE, PREVENTION CFR(s): 482.42(a)(3)  The infection prevention and control program 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 This STANDARD is not met as evidenced by:	A 750		7/14/24	

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A 750	<p>Continued From page 5</p> <p>Based on document review and interview, the facility failed to document daily cleaning of patient rooms for month reviewed (April/2024).</p> <p>Findings include:</p> <p>1. Review of the housekeeping record sheets for April 2024, indicated lack of daily patient room cleaning documented from 4/10/2024 through 4/23/2024.</p> <p>2. Interview with A1 (Chief Executive Officer), on 05/14/2024 at approximately 10:30 a.m., confirmed there were no daily patient room cleaning records from 4/10/2024 through 04/24/2024.</p>	A 750			