

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

PRINTED: 03/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154061		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/06/2024	
NAME OF PROVIDER OR SUPPLIER MEDICAL BEHAVIORAL HOSPITAL - MISHAWAKA				STREET ADDRESS, CITY, STATE, ZIP CODE 1625 EAST JEFFERSON BLVD MISHAWAKA, IN 46545			
(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 Federal hospital complaint investigation. Complaint Number: IN00425162 - Federal deficiency related to the allegations is cited at A-0395. Dates of Survey: 2/5/2024 to 2/6/2024 Facility Number: 013574 QA: 2/20/2024		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, the nursing staff failed to ensure discharge instructions and medication list were provided to the patient for 1 of 11 MRs (medical record) reviewed. (Patient # 8). Findings include: 1. Review of established hospital policy titled: "Patient Discharge-AMA" (Against Medical Advice), Policy Stat ID 13916075, indicated under Procedure, page 2, 8. "The prescriber will evaluate medications and provide prescriptions. If the provider declines to provide prescriptions to the patient the provider will document the rationale". Last revised 6/2023.		A 395			4/10/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/28/2024

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>2. Review of established hospital policy titled: "Patient Education about Discharge Medications", Policy Stat ID 10009376, indicated on page 1, under Policy "The patient shall receive appropriate education about medications provided at discharge." and under Procedure, "Documentation of education regarding discharge medications shall be recorded." Last revised 12/2021.</p> <p>3. Review of Patient # 8 MR, indicated the following: A. Patient admitted to APH # 40 (Acute Psychiatric Hospital) on 12/29/2023. B. Patient signed out; left AMA on 1/2/2024 at 10:45 am. C. MR lacked documentation for the following: 1. Discharge instructions. 2. A discharge medication list and education. D. MR lacked documentation by Social service staff, Nursing staff, and provider in regards to why above not provided to patient on 1/2/2024.</p> <p>4. In interview with A # 3 (Quality/Risk) on 2/5/2024 at approximately 10:45 am, and on 2/6/2024 at approximately 12:15 pm, the following was confirmed: A. Patients receive medication list; prescriptions called in to pharmacy; discharge instructions; even if sign out AMA; unless Doctor documents for none to be received/given. B. Confirmed/verified MR for patient # 8 MR lacked part of discharge plan document, lacked medication list and education for discharge. Discharge summary lacked documentation of discharge instructions and lacked documentation of medication list.</p>	A 395			