

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

PRINTED: 06/04/2024
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 05/02/2024	
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	INITIAL COMMENTS This visit was for an investigation of a Federal Hospital Complaint. Complaint Number IN00432692 - Deficiency related to the allegations is cited at A0395. Survey Date: 05/01/2024 & 05/02/2024 Facility Number: 013116			A 000			
A 395	QA: 5/15/2024 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 complete a pain assessment prior to administration of pain medication for 1 of 10 patient (patient 6) medical records reviewed; and failed to complete a pain reassessment to ensure effective pain management for 1 out of 10 patient (patient 6) medical records reviewed. Findings include: 1. Facility policy titled, Pain Assessment, Reassessment, Management and Care Plan, PolicyStat ID 12197199, last approved 08/2022, indicated ongoing pain assessment and effectiveness of interventions completed by all disciplines participating in the care of the patient. If applicable, efficacy of intervention shall be documented prior to the end of the shift.			A 395			7/31/24

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

TITLE

(X6) DATE

05/31/2024

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	Continued From page 1 2. Review of Patient 6's medical record lacked documentation of a pain assessment on 04/06/2024 and 04/07/2024 and the efficacy of intervention, pain reassessment, after pain medication administration on 04/04/2024, 04/06/2024, and 04/07/2024. 3. Interview with A1 (Chief Executive Officer) and A2 (Director of Nursing) on 05/01/2024 at approximately 5:45 p.m. confirmed that patient 6 MR lacked documentation of pain assessment prior to pain medication on 04/06/2024 and 04/07/2024 and reassessment after pain medication administration on 04/02/2024, 04/04/2024, 04/06/2024 and 04/07/2024.	A 395			