

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154063	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2018
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NAME OF PROVIDER OR SUPPLIER NEUROPSYCHIATRIC HOSPITAL OF INDIANAPOLIS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6720 PARKDALE PLACE, SUITE 100 INDIANAPOLIS, IN 46254
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A 0000 Bldg. 00	<p>This visit was for a Federal hospital complaint investigation.</p> <p>Date of Survey: 2/22/2018 through 2/23/2018</p> <p>Facility Number: 013116</p> <p>Complaint Number: IN00252478 Substantiated: deficiency related to the allegations is cited.</p> <p>Complaint Number: IN00251495 Substantiated: no deficiencies related to the allegation are cited.</p> <p>QA: 3/5/18</p>	A 0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts for the conclusion set forth in the statement of deficiencies. The plan of correction provides a credible statement of compliance and acceptable evidence of correction.	
A 0129 Bldg. 00	<p>482.13(b) PATIENT RIGHTS: EXERCISE OF RIGHTS Patient Rights: Exercise of Rights</p> <p>Based on document review and interview, the facility failed to ensure patient rights related to belongings in 3 (patient 2, 4 and 6's) of 8 discharged patients medical records reviewed.</p> <p>Findings Include:</p> <p>1. Review of facility policy, PERSONAL BELONGINGS INVENTORY, Revised 2/2016, indicated the following, the following policy and procedure has been prepared to provide specific guidance to all personnel having responsibility for the collection, safekeeping and disposition of patient belongings and valuables.</p> <p>2. Review of facility policy, PATIENT RIGHTS AND RESPONSIBILITIES, revised 8/2017, indicated the following, ...a patient receiving</p>	A 0129	<p>1. The hospital ensures patient rights related to belongings of discharged patients.</p> <p>A. The following policies and procedures and/or forms were reviewed and/or revised: ¿ III-B.28 Personal Belongings Inventory ¿ Patient Belongings Inventory</p> <p>B. Education will be provided to nursing staff regarding the completion and process of documenting patient belongings.</p> <p>C. Patient Belonging Inventory forms are to be completed upon admission by a nursing aide. Each completed Patient</p>	04/27/2018

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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	<p>services is conditionally entitled to do the following: ...keep and use personal possessions.</p> <p>3. Review of patient 2's medical record (MR), PATIENT BELONGINGS INVENTORY, indicated the following, Inventory Upon Admission, Dentures Top, 1 Glasses/glasses case, 1 Blouse/Shirt, 1 Shoes/Slippers, 1 Pants/Shorts. Inventory on discharge lacked any documentation of belongings returned.</p> <p>4. Review of patient 4's MR, PATIENT BELONGINGS INVENTORY, indicated the following, inventory upon admission indicated, bag of luggage, 1 bra, 6 coat/sweater, 1 shoes/slippers, 2 hosiery/socks, 3 night gown/pajamas. Inventory upon discharge dentures full, glasses/glasses/case, lacked documentation other items returned, no discharge staff signature, time and date.</p> <p>5. Review of patient 6's medical record (MR), PATIENT BELONGINGS INVENTORY, inventory upon admission, dentures top, glasses/glasses case, assistance device, hearing aid, coat/sweater (white). Inventory upon discharge lacked any documentation of belongings returned.</p> <p>6. Review of facility documentation indicated the following, 9/19/2017, 10/27/2017, 11/01/2017, 12/30/2017 and 1/16/2018, patient complaints of missing belongings.</p> <p>7. Interview on 2/23/2018, at approximately 8:54 am, with N6 (Chief Operating Officer) confirmed patient 2 and 6's medical record (MR), PATIENT BELONGINGS INVENTORY, indicated the following, inventory upon discharge lacked documentation of belongings returned. Review of patient 4's MR, PATIENT BELONGINGS</p>		<p>Belonging Inventory Form will be provided to the Unit Clerk for review and filing.</p> <p>D. At the time of discharge, the patient's belongings will be documented properly by the nursing aide. The nursing aide will sign marking completion of this task.</p> <p>E. The Unit Clerk will review the completed form for accuracy and sign indicating completion of the form for discharge.</p> <p>2. The hospital's Patient Rights and Responsibilities policy does indicate under number 19 and per Indiana Code 12-27-3-3, "a patient receiving services is conditionally entitled to do all of the following:</p> <p>Keep and use personal possessions." However, in the same policy; number 20 and per Indiana Code 12-27-3-4, "the conditional rights recognized (above) may be denied or limited as follows:</p> <p>a. In the circumstances and according to the procedures established by the rules of the hospital.</p> <p>b. Because of inconsistency with the design of the Hospital's treatment program.</p> <p>c. On an individual basis, only for good cause as set forth in the individual treatment record and</p>	

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	<p>INVENTORY, indicated the following, inventory upon discharge indicated dentures full, glasses/glasses/case. No discharge staff signature, time and date.</p> <p>8. Interview on 2/23/2018, at approximately 11:50 am, with N6 (Chief Operating Officer) confirmed the following, multiple complaints about belongings in the past 6 months (September, 2017 through February of 2018).</p>		<p>approved by the person primarily responsible for the patient's care and treatment."</p> <p>3. Patient number 2 had confirmation of belongings returned as the staff member signed, dated and timed the discharge staff signature line demonstrating the return of all belongings.</p> <p>4. Patient number 4 had nursing documentation confirming all belongings were returned upon discharge.</p> <p>5. Patient number 6 had confirmation of belongings returned as the staff member signed, dated and timed the discharge staff signature line demonstrating the return of all belongings.</p> <p>6. Patient complaints of missing belongings were made on these dates however, the surveyor did not pull any of the medical records for these patient complaints.</p> <p>7. The Chief Operating Officer confirmed patients number 2 and 6 had belongings returned as the staff members signed, dated and timed the discharge staff signature line demonstrating the return of all belongings. Also, the Chief Operating Officer confirmed that patient number 4 had nursing documentation confirming all belongings were returned upon discharge.</p> <p>8. The Chief Operating Officer (COO) confirmed patient</p>	

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			<p>complaints of missing belongings were made, however, the COO did not state multiple patient complaints regarding belongings were made. The ISDH surveyor did not pull any of the medical records for the referenced patient complaints regarding patient belongings.</p> <p>Quality/Compliance Monitoring:</p> <p>A. All Patient Belonging Inventory forms will be reviewed by the Unit Clerk.</p> <p>B. The hospitals Director of Nursing and Chief Executive Officer will randomly audit Patient Belonging Inventory Forms for accuracy and completion.</p> <p>Responsible Parties:</p> <p>Chief Executive Officer, Director of Nursing, Nursing Staff</p>	