

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150002	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/01/2015
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NAME OF PROVIDER OR SUPPLIER METHODIST HOSPITALS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANT ST GARY, IN 46402
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(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
S 0000 Bldg. 00	<p>This survey was for the investigation of one State complaint.</p> <p>Complaint number: # IN00159359: Substantiated; deficiency related to the allegation is cited.</p> <p>Date of Survey: 6/1/2015</p> <p>Facility#: 005002</p> <p>QA: cjl 06/12/15</p>	S 0000		
S 0322 Bldg. 00	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially. Based on document review and interview, the facility failed to implement its policy for 72-hour emergency</p>	S 0322	<p>410 IAC 15-1.4-1(c)(6)(H)</p> <p><u>Action Item:</u></p>	06/25/2015

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>detentions for 1 (#4) of 8 medical records reviewed.</p> <p>Findings:</p> <p>1. Policy and Procedure Emergency Detentions, PC_18, last reviewed 9/2014, indicated:</p> <p>A. <u>Emergency Detention Order</u>: Verbal or standing order issued by the Lake County Superior Court to involuntarily transport and admit a patient believed to be:</p> <p>1. Mentally ill and either dangerous or gravely disabled and</p> <p>2. In need of immediate restraint</p> <p>B. <u>72-Hour Detention</u>: May be detained in a facility for not more than 72 hours (excluding Saturdays, Sundays and legal holidays).</p> <p>C. Behavioral Medicine RN/MD: Responsible to provide written report to court prior to the end of the detention period (72 hours).</p> <p>2. Patient #4's nursing documentation on 01/07/2011 at 1236 hours, (after the 72-hour hold was over) indicated that the patient was focused on discharge. States (#4) needs to go home to (family member). MD#2 here to see patient and upset. Did not discharge (#4). Patient #4's medical record lacked documentation of communication to the</p>		<p>Nursing staff were re-educated on Emergency Detention documentation requirements. Responsible Person: Manager, Behavioral Health Completion Date: Education was provided on: -6/25/15 -7/23/15 -Continues as a standard agenda item at monthly meetings</p> <p>Medical staff was re-educated on Emergency Detention documentation requirements. Responsible Person: Director, Regulatory Completion Date: Education was provided on: -Grand Rounds on 06/03/15 (by Hospital Attorney) -Division Chief Meeting on 07/16/15 (by Director, Regulatory) -Written education sent to all Medical Staff on 07/27/15 -Scheduled Grand Rounds on 11/18/15 (by Hospital Attorney)</p> <p>Prevent Recurrence: -Audit charts every night to identify patients with an active Emergency Detention Order (EDO). Current information is kept on a clip board for reference by Behavioral Health staff. -Communicate daily with physician regarding the status of all active EDO's. -Document the disposition of all patients under an EDO at the end of</p>				

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	<p>patient that he/she could leave against medical advice without legal ramifications at that time, which was after the 72-hour hold and lacked documentation that the court was provided a written report regarding patient's condition prior to the end of the detention period (72 hours).</p> <p>3. Interview with staff members #1 (Director Nursing Quality) and #3 (Director of Behavioral Health) on 6/01/2015 at 1100 hours, indicated that patients can leave after the 72-hour hold is over, against medical advice, without legal ramifications. A physician may or may not wish to discharge the patient at that time, but patients can leave.</p>		<p>the detention period. Document discussion with the patient regarding their disposition. If the patient is able to leave voluntarily, document discussion with the patient. If the patient stays voluntarily, receive a new signed consent for treatment. Assist with discharge planning, as applicable to the patient.</p> <p>-Complete the Report Following Detention at the conclusion of every EDO. Keep documentation required by the Court.</p> <p>Responsible Person: Oversight: Manager, Behavioral Health, Auditing/Daily Process: Behavioral Health Staff and Physicians Completion Date: Started: 06/02/15</p>		