

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152013	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/26/2016
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NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL INDIANAPOLIS NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 8060 KNUE ROAD INDIANAPOLIS, IN 46250
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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>The visit was for investigation of a State complaint.</p> <p>Complaint Number: IN00202734</p> <p>Substantiated: No deficiencies related to the allegations are cited. An unrelated deficiency is cited.</p> <p>Date: 7-26-16</p> <p>Facility Number: 008900</p> <p>QA: 8/2/16 jlh</p>	S 0000		
S 0724  Bldg. 00	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(6)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(6) The hospital shall have a system of coding and indexing medical records which allows for timely retrieval of records by diagnosis and procedure in order to support continuous quality assessment and improvement activities.</p> <p>Based upon document review and interview, the facility failed to ensure that</p>	S 0724	S-724	07/27/2016

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>medical records (MR) were coded and indexed by diagnosis and procedure to allow timely access for one occurrence.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 7-26-16 at 0940 hours, the chief executive officer, staff A1, the chief operating officer, staff A2 and the quality manager, staff A3 were requested to provide a list of patients admitted in June, 2016 with a diagnosis of cancer for the purpose of selecting some similar MR to review and no list was provided prior to exit.</li> <li>On interview on 7-26-16 at 1505 hours, the HIM (Health Information Management) specialist, staff A8 confirmed they were unable to create and provide a list of patients admitted in June, 2016 with a diagnosis of cancer for a sample MR review.</li> </ol>		<p>Who: The Director of Quality Management is ultimately responsible for the corrective action and overall and ongoing compliance.</p> <p>What: The Health Information Manager was educated on the use and the patient retrieval process using the Meditech Information System.</p> <p>When: Meditech report retrieval education provided: 7/27/2016</p> <p>How: The Health Information Manager is now able to utilize the Meditech Information System which will provide the appropriate patient information required during the survey process.</p>	