STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013765	A. BUILDING: _____ B. WING _____	03/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF INDIANA AND KENTUCI	964 MEZZANINE DR LAFAYETTE, IN 47905

(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) COMPLETE DATE
T 000	INITIAL COMMENTS This visit was for a licensure survey. Facility Number: 013765 Survey Date: 3-04-2019 to 3-05-2019 QA: 3/12/19	T 000		
T 132	410 IAC 26-7-2 MEDICAL RECORDS 410 IAC 26-7-2(b) (b) Entries in the medical record must be as follows: (1) Legible. (2) Complete. (3) Made by authorized individuals as specified in clinic and medical staff policies. (4) Authenticated and dated in accordance with this article. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure the patient visit summary was electronically signed by the provider per facility policy in eighteen (18) of thirty (30) instances. (Patient # 3, Patient # 4, Patient # 5, Patient # 11, Patient # 12, Patient # 14, Patient # 15, Patient # 16, Patient # 17, Patient # 18, Patient # 20, Patient # 21, Patient # 22, Patient # 23, Patient # 24, Patient # 25, Patient # 27 & Patient # 28) Findings include: 1. Review of the facility policy titled, "Completing and Signing of Medical Records", Reference	T 132		6/30/19

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T 132	Continued From page 1 Code PS20, creation date May 29, 2018, indicated "providers must electronically sign all visit summaries" within "120 business hours" of the patient's encounter. 2. The "Patient Visit Summary" lacked an electronic provider signature in the closed medical record (MR) for the following patient encounters: A. Patient # 3's encounter was on 05/23/2018. The summary was signed by the provider on 07/18/2018. B. Patient # 4's encounter was on 06/20/2018. The summary was signed by the provider on 07/21/2018. C. Patient # 5's encounter was on 08/01/2018. The summary was signed by the provider on 08/15/2018. D. Patient # 11's encounter was on 08/29/2018. The summary was signed by the provider on 03/05/2019. E. Patient # 12's encounter was on 08/29/2018. The summary was signed by the provider on 03/05/2019. F. Patient # 14's encounter was on 09/26/2018. The summary was signed by the provider on 03/05/2019. G. Patient # 15's encounter was on 09/26/2018. The summary was signed by the provider on 03/05/2019. H. Patient # 16's encounter was on 09/26/2018. The summary was signed by the provider on 03/05/2019. I. Patient # 17's encounter was on 09/26/2018. The summary was signed by the provider on 03/05/2019. J. Patient # 18's encounter was on 12/04/2018. The summary was signed by the provider on 03/05/2019. K. Patient # 20's encounter was on 12/04/2018.	T 132		

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T 132	Continued From page 2 The summary was signed by the provider on 03/05/2019. L. Patient # 21's encounter was on 12/04/2018. The summary was signed by the provider on 03/05/2019. M. Patient # 22's encounter was on 12/04/2018. The summary was signed by the provider on 03/05/2019. N. Patient # 23's encounter was on 12/04/2018. The summary was signed by the provider on 03/05/2019. O. Patient # 24's encounter was on 09/26/2018. The summary was signed by the provider on 03/05/2019. P. Patient # 25's encounter was on 09/12/2018. The summary was signed by the provider on 03/05/2019. Q. Patient # 27's encounter was on 09/26/2018. The summary was signed by the provider on 03/05/2019. R. Patient # 28's encounter was on 09/12/2018. The summary was signed by the provider on 03/05/2019. 3. In interview on 03/05/2019 at approximately 1:59 pm with administrative staff member A # 2 (Director of Clinical Services), confirmed that "the patient visit summaries should have been signed by the provider within five (5) business days".	T 132		