

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150002	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2014
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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
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S000000	This was an offsite licensure survey. Facility ID: 005002 Date of Survey: October 07, 2014 Surveyor: Randy Snyder QA: C. Laughlin, 10/7/14	S000000		
S000296	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (c)(2) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (2) Appoint a qualified chief executive officer who is delegated the authority and responsibility for managing the hospital and report to the division the name of the chief executive officer within ten (10) days after the appointment. Based on document review, the governing body failed to report to the division the name of the chief executive officer within ten (10) days after the appointment. Findings:	S000296	Action Item: A letter signed by Methodist's Chairman of the Board on September 30, 2014 was sent to Randall Snyder, Director of Acute Care at the Indiana State Department of Health (attached). The letter explained that effective November 30, 2013, Ian McFadden	10/15/2014

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>1. Review of a facility email document received by the Indiana State Department of Health, Division of Acute Care dated September 18, 2014 at 0853 from Director D1, contained an attachment requesting a waiver. The waiver requested was signed by administrator A1.</p> <p>2. Review of the facility's "Facility Information" document from the ASPEN database printed on September 18, 2014 listed administrator A2 as the facility's administrator.</p> <p>3. Review of the facility's website document listing the executive team and printed on September 18, 2014 indicated administrator A1 was named President and Interim CEO in November 2013.</p> <p>4. Review of the Indiana Hospital Association 2014 Member Directory document on September 18, 2014, pages 5, 88 and 89 indicated the membership listings were accurate as of February 1, 2014 and listed administrator A1 as the administrator of the facility.</p> <p>5. Review of a facility email document, received by the Indiana State Department of Health, Acute Care Division dated September 18, 2014 at 1015 from Director D1, contained an attachment</p>		<p>tendered his resignation as Methodist Hospitals' CEO and President. At that time, the Board of Directors appointed Dr. Michael Davenport to the role of Interim President and CEO.</p> <p>Prevent Recurrence: Methodist's Chairman of the Board will send a letter to the ISDH Director of Acute Care with the name of any future CEO appointments within ten (10) days of the appointment.</p> <p>Responsible Person: Director, Regulatory and Corporate Compliance Completion Date: 10/15/14 Status: Complete</p>		

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	<p>"Management Advisory, Redtop No. 2388" from the board of directors chairperson to leadership stating that administrator A2 tendered his resignation effective November 30, 2013.</p> <p>6. Review of a facility email document received by the Indiana State Department of Health, Acute Care Division dated October 6, 2014 at 1332 contained an attached letter dated September 30, 2014 signed by the board of directors chairperson stating, "(e)ffective November 30, 2013, administrator A2 tendered his resignation....At that time, the Board of Directors appointed administrator A1 to the role of Interim President and CEO."</p>				