

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
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NAME OF PROVIDER OR SUPPLIER ST VINCENT EVANSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN 47750
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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) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for a licensure review of negative pressure patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-01-HOSP.</p> <p>Facility Number: 005089</p> <p>Survey Date: 4/20/20</p> <p>The following patient rooms were successfully verified as negative pressure by use of field test: STICU (Surgical Trauma Intensive Care Unit) rooms: 2101, 2102, 2103, 2104, 2105, 2106, 2107 and 2108; ED (Emergency Department) rooms: 23, 24, 25, 26, 28, 29, 30, 31, 33, 34-35 (double room), 36 and 37; and ED Trauma rooms 4 and 5. Rooms 2101, 2103, 2104, 2105, 2106, 2107, 2108, 23, 24, 25, 26, 28, 29, 30, 31, 33, 34-35, 4 and 5 lacked a visual pressure monitoring mechanism indicating the air pressure status at all times. The facility lacked documentation of having a system in place or maintenance of a log for daily monitoring of the rooms.</p> <p>The following patient rooms failed to be successfully verified as negative pressure: None.</p> <p>QA: 4/28/2020</p>	S 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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