

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 07/08/2019
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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 pre-occupancy survey.</p> <p>Facility Number: 005089</p> <p>Survey Date: 7/8/19</p> <p>St. Vincent Evansville Hospital's Orthopedic inpatient remote location is in substantial compliance with Indiana State Licensure Rules 410 IAC 15-1.1 through 15-1.7 to admit and treat patients with the following deficiencies cited.</p> <p>QA: 7/11/19</p>	S 000		
S 266	<p>410 IAC 15-1.4-1 GOVERNING BOARD</p> <p>410 IAC 15-1.4-1(a)(4)</p> <p>(a) The governing board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following:</p> <p>(4) Review the bylaws at least triennially.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure the Governing Body Bylaws were approved triennially for 1 set of Governing Body bylaws reviewed.</p> <p>Findings include;</p> <p>1. Review of Governing Body Bylaws indicated the bylaws had not been approved in the previous 3 years.</p>	S 266		8/31/19

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S 266	Continued From page 1 2. Staff member #10 (Vice President of Operations) indicated in interview at approximately 1:50pm that the Governing Body bylaws were last approved in December of 2015 and verified that they had not been reviewed triennially.	S 266		
S 284	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (b)(3) (b) The governing board is responsible for the conduct of the medical staff. The governing board shall do the following: (3) Ensure that the medical staff has approved bylaws and rules and that the bylaws and rules are reviewed and approved at least triennially. Governing board approval of medical staff bylaws and rules shall not be unreasonably withheld. This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure the Medical Staff Bylaws and rules and regulations were approved triennially for 1 set of Medical Staff bylaws reviewed. Findings include; 1. Review of Medical Staff Bylaws/rules and regulations indicated the bylaws had not been approved in the previous 3 years.	S 284		8/16/19

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S 284	Continued From page 2 2. Staff member #19 (Accreditation Compliance Specialist) indicated in interview at approximately 12:25pm that the Medical Staff bylaws were last approved on 10/30/15, the Medical Staff rules and regulations were last approved on 4/24/15 and verified that they had not been reviewed triennially.	S 284		