Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S	ATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		LILD	
005089		005089	B. WING		07/08/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRES				TE, ZIP CODE			
ST VINCE	NT EVANSVILLE		IINGTON AVE LE, IN 47750				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS		S 000				
	This visit was for a pr Facility Number: 005						
	Survey Date: 7/8/19						
	inpatient remote local compliance with India 410 IAC 15-1.1 through patients with the follow	e Hospital's Orthopedic tion is in substantial ana State Licensure Rules gh 15-1.7 to admit and treat wing deficiencies cited.					
	QA: 7/11/19						
S 266	410 IAC 15-1.4-1 GO	VERNING BOARD	S 266			8/31/19	
	410 IAC 15-1.4-1(a)(4)						
	(a) The governing boaresponsible for the co- hospital as an instituti governing board shall following:	nduct of the ion. The					
	(4) Review the bylaws triennially.	s at least					
	facility failed to ensure	eview and interview, the e the Governing Body d triennially for 1 set of					
	Findings include;						
		ing Body Bylaws indicated een approved in the previous					

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Indiana State Department of Health

1 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		005089	B. WING		07/08/2019		
			<b> </b>	07/00/2013			
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATI	E, ZIP CODE			
ST VINCE	NT EVANSVILLE		ASHINGTON AVE /ILLE, IN 47750				
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B	ACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE		
S 266	Continued From page	: 1	S 266				
	bylaws were last appr						
S 284	410 IAC 15-1.4-1 GOVERNING BOARD		S 284		8/16/19		
	410 IAC 15-1.4-1 (b)(3	3)					
	(b) The governing bo responsible for the co medical staff. The go shall do the following:	nduct of the verning board					
	(3) Ensure that the mapproved bylaws and the bylaws and rules a approved at least trier Governing board approved staff bylaws and rules unreasonably withheld	rules and that are reviewed and nnially. roval of medical shall not be					
		eview and interview, the e the Medical Staff Bylaws ions were approved					
	Findings include;						
		Staff Bylaws/rules and the bylaws had not been ous 3 years.					

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STATE FORM 8S4411 If continuation sheet 2 of 3

PRINTED: 08/23/2019 FORM APPROVED

Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ST VINCENT EVANSVILLE  STANSVILLE  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 284 Continued From page 2  S 284  O77/08/2019  O77/08	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3700 WASHINGTON AVE  EVANSVILLE, IN 47750   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 284  Continued From page 2  S 284  STREET ADDRESS, CITY, STATE, ZIP CODE  BY OND CODE  (EACH DEFICIENCY STATE MENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (CAS) COMPLETE COMPLETE DATE  COMPLETE  DATE			IDENTIFICATION NUMBER:						
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3700 WASHINGTON AVE  EVANSVILLE, IN 47750   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 284  Continued From page 2  S 284  STREET ADDRESS, CITY, STATE, ZIP CODE  BY OND CODE  (EACH DEFICIENCY STATE MENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (CAS) COMPLETE COMPLETE DATE  COMPLETE  DATE									
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3700 WASHINGTON AVE  EVANSVILLE, IN 47750   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 284  Continued From page 2  S 284  STREET ADDRESS, CITY, STATE, ZIP CODE  (EACH ORRECTION (EACH CORRECTION (EACH CORRECTION SHOULD BE COMPLETE DATE) (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)  S 284  Continued From page 2  S 284	005089		B. WING		07/08/2019				
ST VINCENT EVANSVILLE  EVANSVILLE, IN 47750  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE)  S 284 Continued From page 2  S 284  S 284  S 284	NAME OF F								
EVANSVILLE, IN 47750  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  S 284 Continued From page 2  S 284 Continued From page 2  S 284 PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE)  COMPLETE DATE	3700 WASHINGTON AVE								
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 284 Continued From page 2  PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG (CROSS-REFERENCED TO THE APPROPRIATE DATE)  S 284 Continued From page 2	I ST VINCENT EVANSVILLE								
	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE			COMPLETE		
	S 284	4 Continued From page 2		S 284					
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	2. Staff member #19 Specialist) indicated i 12:25pm that the Med approved on 10/30/15 and regulations were and verified that they	(Accreditation Compliance in interview at approximately dical Staff bylaws were last 5, the Medical Staff rules last approved on 4/24/15	S 284					

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