

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150165	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/22/2015
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NAME OF PROVIDER OR SUPPLIER  FRANCISCAN HEALTHCARE - MUNSTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 SUPERIOR AVE MUNSTER, IN 46321
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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
S 0000  Bldg. 00	This was an off-site State licensure survey.  Survey date: 7/22/15  Facility Number: 005615  QA: cjl 07/22/15	S 0000		
S 0296  Bldg. 00	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 facility failed to report to the division the name of the chief executive officer within ten (10) days after the appointment.  Findings:  1. In a press release dated June 29, 2015 titled, "New president chosen for 3	S 0296	John Lee, Program Manager, was notified via e-mail by Marla Hoyer-Lareau, RN, CNO of Appointment of Michael Stenger as Hospital President and CEO on August 5, 2015. On August 6, 2015 John Lee responded he received the notification via e-mail. 1. Correction was made via e-mail. 2. In the future, the ISDH will be notified within 10	08/05/2015

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>Franciscan Alliance hospital campuses," the release stated, "Franciscan Alliance has announced the appointment of A2 to the position of president and CEO of Franciscan St. Margaret Health, with campuses in Dyer and Hammond, and the expanding Franciscan Healthcare campus in Munster."</p> <p>2. Review of the Facility Information recorded in the Indiana State Department of Health (ISDH) ASPEN database printed on July 9, 2015 indicated A1 was the administrator for the Dyer and Hammond campuses and A3 was the administrator for the Munster campus.</p> <p>3. Review of the Facility Information recorded in the Indiana State Department of Health (ISDH) ASPEN database printed on July 22, 2015 indicated A1 was the administrator for the Dyer and Hammond campuses and A3 was the administrator for the Munster campus.</p> <p>4. Review of the documentation on file with the ISDH on July 22, 2015 failed to demonstrate that the facility had reported the change in administrators to the division.</p>		<p>days of any change in leadership.3. Donna Parker, Director of Risk Management and Compliance will ensure notifications are completed.4. Deficiency corrected and notification was made on 8-5-15.</p>	