

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150015	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 ST ANTHONY HEALTH - MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W HOMER ST MICHIGAN CITY, IN 46360
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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 hospital State licensure survey.  Survey date: 7/22/15  Facility number: 005015  QA: cjl 07/24/15	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 July 1, 2015 titled, "A2 Will Serve as Interim President of Franciscan St.	S 0296	July 30, 2015Re: Response to ISDH Deficiency S 0296-July 22, 2015To Whom It May Concern,A letter of notification has been mailed, this date, to John Lee, Acute Care Division, ISDH. The letter states that James T. Callaghan III, MD, is no longer the President (Administrator) of Franciscan St.	08/07/2015

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>Anthony Health," the release stated, "Outgoing president A1 has new position with Franciscan Alliance. Franciscan Alliance has announced that A2 will serve as interim president of Franciscan St. Anthony Health-Michigan City effective July 1, until a successor to outgoing president A1 is selected."</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 Franciscan St. Anthony Health-Michigan City .</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 Franciscan St. Anthony Health-Michigan City</p> <p>4. Review of the documentaton 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>		Anthony Health-Michigan City, effective July 1, 2015. The letter also states the name of the interim hospital president: Gene Diamond. Recruiting efforts for the selection of a new President, are underway. Thank you.		