| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 005023 | A. BUILDING: _____ B. WING _____ | 12/08/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ESKENAZI HEALTH | 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202 |

| (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 | INITIAL COMMENTS<br><br>This visit was for a licensure review of negative pressure patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-01-HOSP.<br><br>Facility Number: 005023<br><br>Survey Date: 12/08/2020<br><br>The following patient rooms were successfully verified as negative pressure:<br>10th Floor:<br>403, 405, 407, 411, 412, 413, 414, 416, 418, 420, 422, 303, 304, 305, 306, 307, 308, 310, 311, 312, 313, 314, 101, 103, 105, 113, 111, 104, 106, 108, 110, 112, and 114.<br>6th Floor:<br>302, 304, 306, 308, 310, 312, 311, 313, 303, 305, 307, 203, 205, 207, 211, 213, 220, 222, 104, 106, 108, 110, 112, 114, 314, 428, 102, 105, and 103.<br>5th Floor:<br>314, 316, 318, 715, H5J02, and H5J03.<br><br>This constitutes the ongoing phases 1- 4 of the facility negative air conversion schematic. The Building Management System (BMS) allows for activation of negative pressure and airflow monitoring in relation to corridors. "Neighborhoods" of 12 individual rooms that approximate units and halls are provided with 1 visual negative air pressure monitor as opposed to individual monitors for each room. The facility engineering staff checks and records vanometer recordings twice daily on a written log, and continous building management system (BMS) monitoring.<br><br>The following patient rooms failed to be successfully verified as negative pressure and will | S 000 | | |

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|---|---|---|---|---|
| S 000 | Continued From page 1<br>be rescheduled: None.<br><br>QA: 12/11/20 | S 000 | | |