

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST VINCENT HOSPITAL &amp; HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 W 86TH ST INDIANAPOLIS, IN 46260</b>
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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><b>INITIAL COMMENTS</b></p> <p>This visit was for a licensure review of patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP.</p> <p>Facility Number: 005075</p> <p>Survey Date: 04/17/20</p> <p>The following rooms were converted to inpatient critical care rooms: PACU (Post Anesthesia Care Unit) bays; 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29. Two bays equal 1 patient room as well as there was two (2) patient rooms in PACU area (not numbered).</p> <p>The following rooms were converted to inpatient critical care rooms: Imaging Holding Space bays; 1, 2, 3, 5 and 6.</p> <p>Each of the bays reviewed lacked a 3 foot clearance at the end of the bed when curtain was closed for privacy, but when the curtain was open, there was a 6 foot clearance at the end of the bed.</p> <p>QA: 4/23/2020</p>	S 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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