

Indiana State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005786 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/20/2020 |
|---|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER ST MARY MEDICAL CENTER INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 1500 S LAKE PARK AVE HOBART, IN 46342 | | |
| (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>INITIAL COMMENTS</p> <p>This visit was for a licensure review of negative pressure patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-01-HOSP.</p> <p>Facility Number: 005786</p> <p>Date Of Survey: 8/20/2020</p> <p>The following patient rooms at St. Mary Medical Center, Inc were successfully verified as negative pressure: OB (Obstetrics) Department - Rooms: 139 and 140. 2-West Unit - Rooms: 206, 207, 208, 209, 210, 211, 212, 213, 215, 216, 217, 218, 219, 220 and 221. ICU (Intensive Care Unit) - Rooms: 271, 272, 273, 274, 275, 276, 277, 278, 279, 282, 283, 284, 285, 286, 287, 288, 289 and 290.</p> <p>The following patient rooms failed to be successfully verified as negative pressure: None.</p> <p>QA: 8/28/20</p> | S 000 | | |

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

TITLE

(X6) DATE