

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2025  
FORM APPROVED  
OMB NO. 0938-039

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 02/19/2025	
NAME OF PROVIDER OR SUPPLIER  FRANCISCAN HEALTH MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP COD 3500 FRANCISCAN WAY MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for a State licensure hospital complaint investigation.</p> <p>Complaint Number: IN00450795 - Deficiency related to the allegations is cited at S-1510.</p> <p>Date of Survey: 2/19/2025</p> <p>Facility Number: 005015</p> <p>QA: 2/26/2025</p>			S 0000			
S 1510  Bldg. 00	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2(b)(2)(A)(B)(C)</p> <p>(b) The emergency service shall have the following:</p> <p>(2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following: (A) Provision for the care of the disturbed patient.</p> <p>(B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care.</p> <p>(C) Provision for transfer of patients when care is needed which cannot be provided.</p>						

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

TITLE

(X6) DATE

Catherine Hebbe

Quality Manager

03/17/2025

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 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 30 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2025  
FORM APPROVED  
OMB NO. 0938-039

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 02/19/2025	
NAME OF PROVIDER OR SUPPLIER  FRANCISCAN HEALTH MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP COD 3500 FRANCISCAN WAY MICHIGAN CITY, IN 46360			
(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
	<p>Based on document review and interview, the ER (Emergency Room) staff failed to ensure assessment of all patients presenting for emergency care, for 1 of 5 patient/MR's (Medical Record) reviewed. (Patient # 2).</p> <p>Findings include:</p> <p>1. Review of hospital policy titled: "Triage in Emergency Department Policy", Policy Stat ID 6517868, indicated on page 2, under procedure, B. initial head to toe assessment will be performed by an RN (Registered Nurse); E. the following information will be obtained from all patients and documented in the EMR (electronic medical record): 2. vital signs, 4. Prehospital treatment, 6. Allergies, 7. Medication, 9. Return visits. On page 3, J. No patient will be discharged from the triage without being seen or evaluated by an ED physician/NP (Nurse Practitioner); hence all patients will be offered a medical screening exam (MSE). Last reviewed 6/2019.</p> <p>2. Review of patient # 2 MR, indicated the following:</p> <p>a. Patient presented to AH # 40's (Acute Care Hospital) ER/ED (Emergency Room/Emergency Department) on 11/17/2020 at 6:16 pm. ER/ED timeline and notes reflected the following: Patient in for complaint of Vision problem. Patient to triage room 1 at 6:17 pm (nurse note by FS # 22 {Registered Nurse - former ER - triage nurse}). Note at 6:22 pm by FS # 22, patient from triage room 1 to waiting room. Note at 6:23 pm by NP # 50 (Nurse Practitioner - ER/ED staff); MD # 32 (ER/ED Physician) assigned as Attending. Note at 9:20 pm, by MD # 32, reflected patient LWBS (left without being seen).</p> <p>b. MR documentation lacked documentation of a completed triage (lacked vitals - assessment,</p>			S 1510	<p>Plan of Correction has been completed and please see attached document "FPMC IN00450795_S1510_SOD with PoC" and S1510 Attachment A. Some actions have been completed, and some are still in progress. Please do not hesitate to reach out with any questions or concerns Catherine Hebbe 219-877-1229 or catherine.hebbe@franciscanalliance.org</p>		04/15/2025

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2025  
FORM APPROVED  
OMB NO. 0938-039

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 02/19/2025	
NAME OF PROVIDER OR SUPPLIER  FRANCISCAN HEALTH MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP COD 3500 FRANCISCAN WAY MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	acuity); lacked documentation of a MSE (medical screening exam); lacked patient # 2's status; lacked any reference to communication with patient by ER/ED staff; time noted of when patient sent back to waiting room, after being in triage room, when patient in waiting room, and lacked an exact patient disposition from the ER/ED.  3. In interview on 2/19/2025 at approximately 3:25 pm, with A # 2 (Director ED), confirmed the following: a. Verified MR for patient # 2, for 11/17/2020 ER/ED visit at 6:16 pm, lacked entries for any triage assessment, vitals. No MSE, and no exact patient status for disposition. b. ER policies/procedures not followed.						