

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2020
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 UNIVERSITY AVE MUNCIE, IN 47303		
(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 patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP and for a licensure review of negative pressure patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-01-HOSP.</p> <p>Facility Number: 005079</p> <p>Survey Date: 12-18-2020</p> <p>The following bay space were converted to Medical/Surgical rooms: Surgical Care Unit Rooms: SAU01, SAU02, SAU03, SAU04, SAU05, SAU06, SAU07, CB SAU08, CB SAU09, SAU10, SAU11, SAU12, SAU13, SAU14 and the PAC2 01, PAC2 02, PAC2 03, PAC2 04, PAC2 05 and PAC2 06. Cardiac Cath Lab: Cath1, Cath2, Cath3, Cath4, Cath5, Cath6, Cath7, Cath8, Cath9, Cath10 and Cath11.</p> <p>The following rooms/units failed to be successfully verified as available for patient use: None</p> <p>The following patient rooms were successfully verified as negative pressure by a visual monitoring mechanism indicating the air pressure status at all times: CPC 3SE rooms 3304, 3306, 3311 and 3316, the PCU 3SW rooms 3323, 3331 and 3336 and the MTU room 4307.</p> <p>The following rooms failed to be successfully verified as available for patient use: None</p> <p>QA: 12/31/20</p>	S 000		

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

TITLE

(X6) DATE