

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005051</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/18/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INDIANA UNIVERSITY HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 N SENATE BLVD INDIANAPOLIS, IN 46202</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 and negative pressure patient rooms per ISDH CSHCR: Program Advisory Letters Number: AC-2020-02-HOSP and AC-2020-01-HOSP.</p> <p>Facility Number: 005051</p> <p>Survey Date: 5/18/2020</p> <p>The following patient rooms were converted from closed emergency department rooms to open rooms Surge Center University Hospital: Rooms 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11. Rooms 5 and 6 with ENT (ears nose and throat) with chair only.</p> <p>Rooms 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 lacked a method for patients to summon staff. Rooms 7, 8, 9 and 10 were monitored by a nurse at all times. Rooms 1, 2, 3, 4, 5 and 6, used for procedures, have staff with patient at all times.</p> <p>The following patient rooms were successfully verified as negative pressure: Surge Center University Hospital: Rooms 1, 2, 3, 4, 5, 6, 7 and 8.</p> <p>The following rooms failed to be successfully verified as negative pressure: None.</p> <p>QA: 5/19/20</p>	S 000		

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