

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
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NAME OF PROVIDER OR SUPPLIER IU HEALTH BLOOMINGTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 601 W SECOND ST BLOOMINGTON, IN 47403
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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>INITIAL COMMENTS</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: 005047</p> <p>Survey Date: 4/14/2020</p> <p>The following patient rooms were converted from PCU (Progressive Care Unit) to ICU (Intensive Care Unit): 2501, 2502, 2503, 2504, 2505, 2506, 2707, 2508, 2509 and 2510.</p> <p>The following rooms were converted from Emergency triage room 1 and 2 to an ICU room; the room did not meet at least a 3 feet clearance on each side of the bed.</p> <p>The following patient rooms were successfully verified as negative pressure: Rooms 2501, 2502, 2503, 2504, 2505, 2506, 2508, 2509, 2510, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2701, 2702, 2705, 2706, 2708, 4302, 4306, 4307, 4308, 4309, 4310, 4311 and Emergency Triage Room 1 and 2.</p> <p>Rooms 2502, 2503, 2504, 2505, 2510, 2602, 2603, 2604, 2605, 2607, 2608, 2701, 2704 and Emergency Triage Room 1 and 2, lacked a visual pressure monitoring mechanism indicating the air pressure status at all times.</p> <p>The following patient rooms failed to be successfully verified as negative pressure: Rooms 2707, 2608 2703, 2704.</p> <p>QA: 5/7/20</p>	S 000		

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