

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150057	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2015
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HADLEY RD MOORESVILLE, IN 46158
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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) COMPLETION DATE
S 0000 Bldg. 00	This was an off-site hospital State licensure survey. Survey date: 7/22/15 Facility number: 005052 QA: cjl 07/24/15	S 0000		
S 0296 Bldg. 00	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (c)(2) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (2) Appoint a qualified chief executive officer who is delegated the authority and responsibility for managing the hospital and report to the division the name of the chief executive officer within ten (10) days after the appointment. Based on document review, the facility failed to report to the division the name of the chief executive officer within ten (10) days after the appointment. Findings: 1. In a press release dated July 1, 2015 titled, "A3	S 0296	IN Tag S 296 - Facility 005052 failed to report to the division the name of the new Chief Executive Officer within 10 days after appointment. Deficiency was corrected on August 3, 2015 by sending John Lee, Program Director, Hospitals, ASC's, an email naming the new	08/03/2015

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

TITLE

(X6) DATE

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 90 days 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 14 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.

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	<p>Will Serve as Interim President of Franciscan St. Anthony Health," the release stated, "A2 recently was named president and CEO of Fanciscan St. Francis Health's campuses in Indianapolis, Mooresville and Carmel."</p> <p>2. Review of the Facility Information recorded in the Indiana State Department of Health (ISDH) ASPEN database printed on July 9, 2015 indicated A1 was the administrator for Franciscan St. Anthony Health-Michigan City .</p> <p>3. Review of the Facility Information recorded in the Indiana State Department of Health (ISDH) ASPEN database printed on July 22, 2015 indicated A1 was the administrator for Franciscan St. Anthony Health-Michigan City</p> <p>4. Review of the documentaton on file with the ISDH on July 22, 2015 failed to demonstrate that the facility had reported the change in administrators to the division.</p>		<p>President & CEO for Franciscan St. Francis Health, Central Indiana Region Indianapolis, Mooresville, and Carmel campuses. To prevent this deficiency from recurring in the future the task of notifications for change of CEO will be under the role of Administrative Director for Quality Improvement, Patient Safety and Regulatory Compliance. Deficiency corrected on August 3, 2015 per actions noted above.</p>		