

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150034	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/11/2012
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NAME OF PROVIDER OR SUPPLIER  ST MARY MEDICAL CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 S LAKE PARK AVE HOBART, IN 46342
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005786</p> <p>Survey Date: 4/9, 10 &amp; 11/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Medical Surveyor</p> <p>QA: cloughlin 04/25/12</p>	S0000	<p>1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correctionID tag # S000- Hospital License Posting- The deficiency was corrected and we have fully complied. The deficiency was corrected as evidenced by a current 2012 hospital license posted at the main entrance of areas Center for Imaging and Radiation Oncology offsite area and Womens Diagnostic Center offsite area.2. How are you going to prevent the deficiency from recurring in the future?We have an action plan in place and will be monitoring all off site facilities on a monthly basis.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above?Nancy Moser, VP Corporate Compliance and Quality Community Health System 4. By what date are you going to have the deficiency corrected?The deficiency has been corrected as of April 11, 2012.</p>	

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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S0178	<p>410 IAC 15-1.3-2 POSTING OF LICENSE 410 IAC 15-1.3-2(a)</p> <p>(a)The license shall be conspicuously posted on the hospital premises in an area open to patients and public. A copy shall be conspicuously posted in an area open to patients and public on the premises of each separate hospital building of a multiple hospital building system.</p> <p>Based on observation, the facility failed to post the hospital license in an area conspicuous and open to patients and the public in 2 of 2 instances.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On April 11, 2012 at 9:30am, at the main entrance to the Center for Imaging and Radiation Oncology offsite area, and in the presence of Employee #A14, it was observed that the posting of the hospital license was expired in 2010.</li> <li>On April 11, 2012 at 9:45am, at the main entrance to the Womens Diagnostic Center offsite area, and in the presence of Employee #A14, it was observed that the posting of the hospital license was expired in 2010.</li> </ol>	S0178	<ol style="list-style-type: none"> <li>How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correctionID tag # S000- Hospital License Posting- The deficiency was corrected and we have fully complied. The deficiency was corrected as evidenced by a current 2012 hospital license posted at the main entrance of areas Center for Imaging and Radiation Oncology offsite area and Womens Diagnostic Center offsite area.</li> <li>How are you going to prevent the deficiency from recurring in the future?We have an action plan in place and will be monitoring all off site facilities on a monthly basis.</li> <li>Who is going to be responsible for numbers 1 and 2 above?Nancy Moser, VP Corporate Compliance and Quality Community Health System</li> <li>By what date are you going to have the deficiency corrected?The deficiency has been corrected as of April 11, 2012.</li> </ol>	04/11/2012			