

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
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NAME OF PROVIDER OR SUPPLIER SAINT JOSEPH REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5215 HOLY CROSS PKWY MISHAWAKA, IN 46545
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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 negative pressure patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-01-HOSP and room conversion per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP.</p> <p>Facility Number: 005012</p> <p>Survey Date: 5/4/2020</p> <p>The following patient rooms at Saint Joseph Regional Medical Center - Mishawaka were successfully verified as negative pressure: PCU (Progressive Care Unit) - Rooms: 3393 and 3394. ICU (Intensive Care Unit) - Rooms: 3301 & 3302.</p> <p>The following patient rooms failed to be successfully verified as negative pressure: None.</p> <p>The facility lacked visual pressure monitoring mechanism indicating the air pressure status of the rooms at all times, however facility checks the rooms daily, using a Velocity Meter and maintains a log for same.</p> <p>The following patient rooms were converted from single patient Medical/Surgical rooms to Semi-private rooms: 6th floor - Lake side unit: Rooms: 6665, 6666, 6667, 6668, 6669, 6670, 6671, 6672, 6673, 6674, 6675, 6676, 6677, 6678, 6679, 6680, 6681, 6682, 6683, 6684, 6685, 6686, 6687, 6688, 6689, 6690, 6691, 6692, 6693, 6694, 6695 and 6696. 6th floor - Garden side unit: Rooms: 6601, 6602, 6603, 6604, 6605, 6606, 6607, 6608, 6609, 6610, 6611, 6612, 6613, 6614, 6615, 6616, 6617, 6618, 6619, 6620, 6621, 6622, 6623, 6624, 6625, 6626, 6627, 6628, 6629, 6630, 6631 and 6632.</p>	S 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S 000	<p>Continued From page 1</p> <p>The following Post-Operative rooms were converted to an ICU and/or Medical/Surgical room(s): 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 and 2023.</p> <p>The following Pre-Operative rooms were converted to a Medical/Surgical room(s): 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045 and 2046.</p> <p>The following patient rooms Rehab (Rehabilitation): 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219 and 220, and Rehab gym at Saint Joseph Regional Medical Center inpatient remote location Rehabilitation Institute; were converted to a Medical/Surgical room and/or area for gym (with beds, cots or recliners for patients prior to discharge) - for total of 60 patients. This remote location has not been utilized as of this time.</p> <p>QA: 5/6/20</p>	S 000		