

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150126	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/22/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  FRANCISCAN ST ANTHONY HEALTH - CROWN POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 S MAIN ST CROWN POINT, IN 46307
--	--

(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 survey of a State licensed hospital.  Survey date: 7/22/15  Facility Number: 005107  QA: cjl 07/23/15	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 April 29, 2015	S 0296	FA Corporate Secretary notified and letter sent to ISDH Acute Care Division Director, stating position changes for all Franciscan Alliance Facilities, including Franciscan St. Anthony Health Crown Point. IAC rules given to facility administration and facility administrative assistant personnel to refer to regarding	08/05/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150126	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/22/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  FRANCISCAN ST ANTHONY HEALTH - CROWN POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 S MAIN ST CROWN POINT, IN 46307
--	--

(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
	<p>titled, "Leadership changes position Franciscan Alliance for growth," the release stated,</p> <p>a. "A1 will retire from Franciscan Alliance."</p> <p>b. "All changes will be effective July 1."</p> <p>c. "A2, former president of Franciscan Healthcare-Munster and chief operating officer of Franciscan St. Anthony Health, will assume the role of president and CEO of the Crown Point Facility."</p> <p>2. The Facility Information printed from the ASPEN system at the Indiana State Department of Health (ISDH) on June 24, 2015, and July, 9 2015 indicated A1 as the administrator of the facility.</p> <p>3. A query was made to the facility through the facility's website "Contact Us" on July 9, 2015 with the request, "Please provide the name of the current administrator, the date of appointment and the date the appointment was effective."</p> <p>4. An email response from the facility dated July 09, 2015 stated, "A2 is the new President/CEO of Franciscan St.</p>		<p>required actions of 410 IAC 15.4-1 in the event of any future position changes at this facility.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150126	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/22/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  FRANCISCAN ST ANTHONY HEALTH - CROWN POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 S MAIN ST CROWN POINT, IN 46307
--	--

(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
	<p>Anthony Health-Crown Point. She officially started in that role July 1, 2015."</p> <p>5. The Facility Information printed from the ASPEN system at the Indiana State Department of Health on July, 22 2015 indicated A1 as the administrator of the facility.</p> <p>6. Review of the facility's documentation on file with the Indiana State Department of Health on July 22, 2015 failed to demonstrate that any notice had been provided to the ISDH regarding the change in administrators.</p>			