

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150168	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/24/2013
NAME OF PROVIDER OR SUPPLIER THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETW			STREET ADDRESS, CITY, STATE, ZIP CODE 7952 W JEFFERSON BLVD FORT WAYNE, IN 46804		
(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	
S000000	<p>This off-site survey was for a State licensed hospital.</p> <p>Facility Number: 011479</p> <p>Survey Date: 04-24-13</p> <p>Surveyor: Randy Snyder, PT, MBA Division Director</p> <p>QA: claughlin 04/25/13</p>	S000000			

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: 150168		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/24/2013	
NAME OF PROVIDER OR SUPPLIER THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETW				STREET ADDRESS, CITY, STATE, ZIP CODE 7952 W JEFFERSON BLVD FORT WAYNE, IN 46804			
(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			
S000296	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (c)(2)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following:</p> <p>(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.</p> <p>Based on document review and state agency staff interviews, the facility failed to report to the division the name of the chief executive officer within ten (10) days after the appointment.</p> <p>Findings:</p> <p>1. The facility issued a newsletter on March 04, 2013 stating, "The Orthopedic Hospital of Lutheran Health Network announced today that A1 has joined the hospital as its chief executive officer."</p> <p>2. The facility issued a newsletter on March 04, 2013 stating, "A1 officially took the reigns as The Orthopedic Hospital's CEO this morning."</p> <p>3. A review of the Survey Agency's database on March 25, 2013 at 10:10A</p>	S000296	An e-mail was sent to A. Hamel by the VP of Quality indicating that a new CEO had been appointed to The Orthopedic Hospital(TOH) effective 3/4/13 on 6/20/13. The VP of Quality will work with the new TOH Quality Manager to assure that future changes in hospital leadership will be reported to the ISDH in a timely manner.	06/20/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150168	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/24/2013
NAME OF PROVIDER OR SUPPLIER THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETW			STREET ADDRESS, CITY, STATE, ZIP CODE 7952 W JEFFERSON BLVD FORT WAYNE, IN 46804		
(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>and April 24, 2013 at 11:35A indicated the name of the chief executive officer was A2.</p> <p>4. Interviews of the survey agency staff S1 and S2 on March 25, 2013 at 10:35A and April 24, 2013 at 11:40A indicated that the survey agency was not notified by the facility that a new chief executive officer for the facility had been appointed.</p>				