

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151324	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2015
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NAME OF PROVIDER OR SUPPLIER JASPER COUNTY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 E GRACE ST RENSSELAER, IN 47978
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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 000 Bldg. 00	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 005072</p> <p>Survey Date: 02/09/15 through 02/10/2015</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Nancy Otten, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith, Medical Surveyor</p> <p>QA: claughlin 03/10/15</p>	S 000		
S 554 Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(a)</p> <p>(a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p> <p>Based on document review, observation and interview, the facility failed to</p>	S 554	A policy will be developed to assure the kitchenette is kept	04/10/2015

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>maintain a clean patient pantry.</p> <p>Findings:</p> <p>1. Review of facility policy NS-26, Infection Control Inventory, Cleaning, Maintenance of Supplies, Equipment, Medication and Food, last updated 01/2015, indicated the following: IV. Refrigerators and freezers will be cleaned monthly.</p> <p>2. On 02/09/2015 at 1500 hours, in the presence of staff member # 4, on the medical-surgical inpatient unit, it was observed that patient pantry drawers and cabinets had crumbs, spilled coffee grounds and dust in them. The refrigerator had crumbs and small amounts of spilled substances on shelves and bottom panel of open door.</p> <p>3. A policy was requested regarding who is responsible for keeping pantries clean. Staff member #4 indicated that "there may not be one", and none was provided prior to exit.</p>		<p>clean. A Cleaning Checklist has been created which will allow for a timely cleaning of the room. The current Infection Control Policy #26 will be reviewed at the Medical-Surgical Department monthly meeting. To prevent recurrence of this deficiency the Acute Care Services Director will monitor the cleanliness of the kitchenette on a weekly basis. The Vice President of Patient Services will be alerted to any significant variation in the cleaning of the room. Completion date of above: April 10, 2015.</p>		