

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150084		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/11/2012	
NAME OF PROVIDER OR SUPPLIER  ST VINCENT HOSPITAL & HEALTH SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W 86TH ST INDIANAPOLIS, IN 46260			
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S0000	<p>This visit was for a State hospital complaint investigation.</p> <p>Dates of Survey: 7/11/2012</p> <p>Facility Number: 005075</p> <p>Complaint # IN00109697 Substantiated: State deficiencies cited.</p> <p>Surveyor: Albert Daeger, Medical Surveyor</p> <p>QA: claughlin 08/08/12</p>			S0000			

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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S0610	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(x)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(x) A program of food preparation and storage for all personnel involved in food handling which includes, but is not limited to, the following:</p> <p>(AA) Storage of employee food in patient refrigerators.</p> <p>(BB) Medications in nutrition refrigerators.</p> <p>(CC) Refrigerator and freezer temperature monitoring.</p> <p>Based on documentation review and interview, the facility failed to ensure the Dietary Department was complying with basic sanitation practices specified in 410 IAC 7-24, Retail Food Establishment Sanitation Requirements effective November 13, 2004 and hospital</p>	S0610	<b>S610 #3</b> The Food Service department leadership team created a cleaning checklist for all full-time and part-time Food Services sanitation staff to utilize during their shifts. Each cleaning task is explained and is tracked either daily or weekly. The items on the cleaning checklist will be checked every two hours and signed off by management. There will be ongoing education	09/08/2012			

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	<p>policies.</p> <p>Findings included:</p> <p>1. Food Contact Surface Sanitation policy #56054 stated, " All food contact surfaces used in the preparation of serving of food and beverages are cleaned and sanitized after each use. Non-food contact surfaces of equipment are cleaned as specified intervals (daily, weekly, or monthly) so as to keep them in a clean and sanitary condition. "</p> <p>2. 410 IAC 7-24-295 Equipment food-contact surfaces, nonfood-contact surfaces, and utensils stated, " (a) Equipment food-contact surfaces and utensils shall be clean to sight and touch; (b) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations; and (c) Nonfood-contact surfaces of equipment shall be kept free of an</p>		<p>and oversight by management to prevent this deficiency from recurring in the future. The person responsible to ensure that this process is followed is the Patient Service Sous Chef. This deficiency was corrected on 8/21/2012. <b>S610 #4</b> Food Service leadership contacted Environmental Services leadership to request the floor be properly cleaned. Environmental Services will conduct ongoing cleaning of the ingredient room floor starting 9/3/2012 (the delay is due to needing to order a special cleaning agent for the floor). Staff was educated on the importance of maintaining a clean working area. In addition, staff was informed that they are expected to clean up their station before starting a new task. This education occurred on 8/15/12. The people responsible to ensure that this process is followed are the Patient Service Sous Chef and the Director of Food Services. <b>S610 #5</b> Leadership developed a checklist for the porter to that includes sweeping/mopping all walk-ins before the end of their shift each day. Each shift manager will check the walk-in refrigerators to ensure that this area is well maintained this will prevent further deficiencies from recurring in the future. The person responsible to ensure that this process is followed is the Patient Service Sous Chef. This</p>				

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	<p>accumulation of: dust; dirt; food residue; and other debris; and shall be cleaned at a frequency necessary to preclude accumulation of soil residue. "</p> <p>3. At 10:45 AM on 7/11/12, the production area of the kitchen was toured. The floor under the equipment and prep tables was observed with heavy accumulation of soil and other debris.</p> <p>4. At 10:57 AM on 7/11/12, the ingredient room was toured. The floor of the room was observed with heavy accumulation of loose debris. Beneath one prep table, the floor was observed caked with brown sticky substance that covered approximately 4-foot by 6-foot area. On the wall was a daily check list for routine cleaning of the ingredient room; however, the form was not being maintained.</p> <p>5. At 11:05 AM on 7/11/12, the walk-in refrigerator in the ingredient room was toured. The</p>		<p>deficiency was corrected on 8/21/12. <b>S610 #6 &amp; 7</b> A department meeting was held on 8/15/12 All production staff were provided education on the Hazard Analysis Critical Control Point food safety standards and given a 10 question test to poll their knowledge and retention. Educations regarding proper sanitation practices were included during this meeting. In addition, staff signed an acknowledgement form indicating that they did indeed receive this training and now understand their job expectations. Management requested sanitation posters from vendors. These posters will be utilized as ongoing reinforcement of the proper food safety and sanitation procedures. In addition, management requested the linen vendor provide additional soiled linen racks by 8/24/12. Management developed a "dirty linen" sign to ensure that soiled linen is place in its proper area. Management will continue to provide ongoing education and oversight to prevent these deficiencies from recurring in the future. The person responsible to ensure that these processes are followed is the Director of Food Services. These deficiencies will be corrected in their entirety by 9/8/2012. <b>S610 #8, 9, 11, 12</b> Staff will perform daily line check on random food items to assess temperatures. Shift manager/supervisors will sign off</p>		

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	<p>floor of the walk-in cooler was observed with heavy accumulation of food and other soil debris.</p> <p>6. 410 IAC 7-24-245 Wiping cloths; used for one purpose stated, " Cloths that are in use for wiping food spills shall be used for no other purpose. wet and cleaned as specified under section 312(d) of this rule, stored in a chemical sanitizer as specified under section 294 of this rule, and used for wiping spills from food-contact and nonfood-contact surfaces of equipment. "</p> <p>7. At 10:41 AM on 7/11/2012, a soiled wet wiping cloth rag was observed on the production kitchen salad prep table. Soiled wiping cloth rags were observed on kitchen prep counters, equipment, and one wiping cloth rag was observed in the back pocket of one kitchen staff member. There were a total of 12 wet soiled cloth rags observed throughout the production areas in the kitchen. These wiping cloth</p>		<p>on temperature log before the start of each service. Management created a temperature log that is now posted by each holding refrigerator (tray line, retail, etc.). Refrigerator temperatures will be checked every two hours by management. To reinforce knowledge, signs will be hung that illustrate proper temperature for holding hot and cold foods. Management will continue to provide ongoing education and oversight to prevent these deficiencies from recurring in the future. The person responsible to ensure that these processes are followed is the Director of Food Service. These deficiencies will be corrected by 8/21/12. <b>S610 #10</b> Food Services management team identified an issue with the holding apparatus. The vendor was contacted regarding the apparatus inability to maintain proper temperatures. Vendor is researching other alternatives for a new holding apparatus. In the meantime, proteins will be cooked based on demand. Random temperature checks will be performed routinely by staff. Management will continue to provide ongoing education and oversight to prevent these deficiencies from recurring in the future. The person responsible to ensure that these processes are followed is the Executive Chef. These deficiencies will be corrected by 9/8/12.</p>				

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	<p>bags were not stored in sanitizing solution.</p> <p>8. Food Production and Holding policy #98457 stated, " Cold foods will be held at 40 degrees Fahrenheit or below. Hot foods will be held at 135 degrees Fahrenheit or above. "</p> <p>9. 410 IAC 7-24-187 potentially hazardous food; hot and cold holding, states, " potentially hazardous food shall be maintained as follows: (1) At one hundred thirty-five (135) degrees Fahrenheit or above (2) at forty-one (41) degrees Fahrenheit or less. "</p> <p>10. At 12:12 PM on 7/11/2012, the cafeteria serving lines were inspected. The grill station was observed preparing chicken breast, hamburgers on the grill and when they were done, the finished product was placed on the serving line under a warming unit. The hamburgers on the serving line registered 128, 132, and 120</p>			

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	<p>degrees Fahrenheit respectively.</p> <p>11. At 12:30 PM on 7/11/2012, the deli station on the serving line was inspected. The shaved roast beef and ham registered 45 and 45 degrees F respectively. The staff replaced the containers on the serving line from a holding cooler located behind the serving line. The temperature of the replacement roast beef and ham registered 51 degrees F. After further temperature readings in the cooler, the shelf at the top was registering above 50 degrees F and the items located on the lower shelves registered 38 degrees F.</p> <p>12. At 12:39 PM on 7/11/12, the cut melons on the serving line registered 52 degrees Fahrenheit.</p>				

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S1114	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (b)(1)</p> <p>(b) The condition of the physical plant and the overall hospital environment shall be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(1) No condition in the facility or on the grounds shall be maintained which may be conducive to the harborage or breeding of insects, rodents, or other vermin.</p> <p>Based on document review, the facility failed to provide monthly pest control applications in the Dietary Department as per hospital policy.</p> <p>Findings included:</p> <p>1. Pest Control Policy #96634 last reviewed 8/2011 stated, " The pest control is administered monthly by Terminex. "</p> <p>2. The records were reviewed for 2012. Only 2 pest control documentation dealt with Dietary Department. These were dated 2/8/2012 and 4/11/2012. In both</p>	S1114	<p><u>S1114 #1 &amp; 2</u> The Director of Food Services has requested that pest control provide services monthly. In addition, Environmental Services will conduct a deep cleaning for the floors weekly. The Director of Food Services will continue to monitor the quality of these services in the Food Services area to prevent the deficiency from recurring in the future. The person responsible to ensure that these services are provided is the Director of Food Services. These deficiencies will be corrected by 9/8/12.</p> <p><u>S1114 #3</u> Ensuring that the ingredient room is clean has been added to the responsibilities of the porter. These responsibilities have been added to the cleaning checklist for the porter. Management will provide oversight to ensure that the ingredient room is maintained and clean to prevent the deficiency from</p>	09/08/2012

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	<p>cases the exterminators treated for roaches and flying insects. The 4/1/12 report about the kitchen areas stated, "Drain clogged/dirty, food debris on shelf, food debris under appliances, food debris under tables, grease deposit on floors, water leak and wet organic matter in cracks." This report of the kitchen areas of concerns noted by the exterminators was the same results for the report written by the exterminators on 2/8/2012."</p> <p>3. At 10:57 AM, the ingredient room was toured. The floor of the room was observed with heavy accumulation of loose debris. Beneath one prep table, the floor was observed caked with brown sticky substance that covered approximately 4-foot by 6-foot area. Flying insects were observed in the ingredient room located under the prep table. The heavy accumulation of loose sticky debris created a breeding environment for the flying insects.</p>		<p>recurring in the future. The person responsible to ensure that these services are provided is the Executive Chef. These deficiencies will be corrected by 9/8/12.</p>		

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