

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151305		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/17/2013	
NAME OF PROVIDER OR SUPPLIER PULASKI MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 616 E 13TH ST WINAMAC, IN 46996			
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S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005084</p> <p>Survey Date: 12/16/13 & 12/17/2013</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Medical Surveyor</p> <p>QA: claughlin 12/27/13</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.

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S001026	<p>410 IAC 15-1.5-7 PHARMACEUTICAL SERVICES 410 IAC 15-1.5-7 (d)(2)(D)</p> <p>(d) Written policies and procedures shall be developed and implemented that include the following:</p> <p>(2) Ensure the monthly inspection of all areas where drugs and biologicals are stored and which address, but are not limited to, the following:</p> <p>(D) Documentation and accountability for an accurate accounting of controlled substances from the time of receipt in the institution through the administration to the patient or subsequent removal from general stock and reporting of all abuses and losses of controlled substances.</p> <p>Based on observation, document review, policy and procedure review, and staff interview, the facility failed to ensure accurate documentation and accountability of controlled substances stored in 1 of 1 (Post Anesthesia Care Unit {PACU}) area toured.</p> <p>Findings: 1. While on tour of facility on 12/17/13 at approximately 11:00 AM, in the company of P16 and P20, it was observed in the PACU medication storage cabinet area:</p> <ul style="list-style-type: none"> a. narcotics (controlled substances) and other medications were stored here. b. the daily controlled substance 	S001026	The PACU nurses found to be out of compliance were counseled on the day of the survey (12-17-13). Additionally, Hospital Policy 11.09 was posted for all department nurses to review. All department nurses (6/6) signed off the Inservice Education Record as evidence that their review of Hospital Policy 11.09 was completed. All nurses cross-trained to OR/OP/PACU and all nurses who work PRN in the department will be inserviced on the proper counting of narcotics as outlined in Hospital Policy 11.09 at the time of hire or transfer on an ongoing basis. Ongoing compliance will be monitored by the Pharmacist with narcotic counts being observed	12/20/2013	

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	<p>disposition record for 12/17/13 was missing.</p> <p>2. Review on 12/17/13 at approximately 11:06 AM of daily controlled substance disposition record dated 12/13/13 (unit was not open 12/14/13 or 12/15/13) was used to do a narcotic count and all were accounted for, there were no discrepancies.</p> <p>3. Policy titled, "Narcotics (Controlled Substances)" revised/reapproved 6/1/12, reviewed on 12/17/13 at approximately 11:30 AM, indicated on pg. 1, under:</p> <p>A. Policy section, "Current and accurate records will be kept of the receipt and disposition of all scheduled drugs. Distribution and administration of controlled substances shall be adequately documented by Pharmacy, Nursing, and any involved service or personnel. Documentation shall be in accordance with federal and state laws including the biennial inventory of all controlled substances.</p> <p>B. Procedures section, points 3 and 4, "Controlled substance disposition records are daily sheets documenting a perpetual inventory of the controlled drugs kept in each nursing area...New sheet is started by Nursing at the change of shift each morning (7:00 A.M. or 6:00 A.M. for OB {Obstetrics})...At the</p>		<p>by a member of the pharmacy staff weekly for four weeks; then monthly for six months. This observation will be reported to Pulaski Memorial Hospital's Performance Improvement Committee. Since the date of the survey, the PACU has been in full compliance with the policy.</p>				

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S001118	<p>end of the night shift, the balance of each drug is entered into the appropriate box at the bottom of the sheet...The drugs are counted and the nurses sign...The nurse coming on duty then transcribes the balance of each drug to a new sheet. The previous day's sheet is returned to Pharmacy. These will be kept on file for the minimum of three (3) years."</p> <p>4. Personnel P20 was interviewed on 12/17/13 at approximately 11:30 AM, and confirmed the daily controlled substance disposition record for 12/17/13 was missing. Facility policy and procedure was not followed related to accurate documentation and accountability of controlled substances.</p> <p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (b)(2)</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>(2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees.</p>				

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	<p>Based on document review, policy and procedure review, observation, and personnel interview, the chief executive officer failed to ensure no condition was maintained which may result in a hazard to employees related to availability of emergency eye wash stations in 2 of 4 (Scope Storage Room and Obstetrics Department Soiled Utility Room) areas toured.</p> <p>Findings:</p> <p>1. Revital-Ox 2x Concentrate Enzymatic Detergent label was reviewed on 12/17/13 at approximately 11:30 AM and indicated, "Irritating to eyes and skin...Do not get in eyes, on skin, or on clothing. Wear protective eyewear and gloves...First Aid: Eye contact: flush eyes immediately with water for at least 15 minutes. Get medical attention if irritation persists. Skin contact: flush skin immediately with water for at least 15 minutes. Get medical attention if irritation persists."</p> <p>2. Medline Dual Enzymatic Detergent & Pre-Soak label was reviewed on 12/17/13 at approximately 11:43 AM and indicated, "Wear gloves and eye protection...Avoid contact with and skin. In case of contact, flush with water. In case of ingestion, give copious amounts of water and contact a physician."</p>	S001118	The Plant Engineering Director has ordered faucet mount eyewash stations that will be installed in the Scope Storage Room and in the OB Department Soiled Utility Room upon receipt. Appropriate staff will be informed of the new installations and inserviced on the proper use by the Infection Control Practitioner.	01/15/2014			

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	<p>3. Safety Data Sheet for Medline Dual Enzymatic Detergent & Pre-Soak dated 5/4/07, was reviewed on 12/17/13 at approximately 11:43 AM, and indicated on pg. 2 under Section VI - Health Hazard Data, "Eyes: Rinse with water for at least 15 minutes. If irritation persists, seek medical attention immediately. Skin: Wash with water...Ingestion: Rinse mouth and throat with water. Drink a quart of water. Call a physician immediately..."</p> <p>4. Policy titled, "Clinical Laboratory Safety" revised/reapproved 10/11/13, was reviewed on 12/17/13 at approximately 11:45 AM and indicated on pg. 5, under Emergency Eye Wash Station and Breaks and Spills, "To use the Eye Wash, depress the "Push to Operate" lever on the right side of the eyewash, and place eyes into the stream of water. Leave eyes open...Skin/eye/mouth contact; wash area immediately."</p> <p>5. While on tour 12/17/13 at approximately 11:00 AM, in the company of personnel P16, the following was observed in the:</p> <p>A. Scope Storage Room: a. personnel use Revital-Ox 2x Concentrate Enzymatic Detergent gross</p>			

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	<p>decontamination of endoscopes after procedure completion and prior to placing in sterilizer.</p> <p>b. in order to access the emergency eye wash station, personnel may have to exit the room through a closed door and turn to the right walking approximately 12 feet, through closed double doors walking approximately 40 feet down a hallway, through another closed door and down another hallway approximately 60 feet, then turn left and walk approximately 30 feet through another closed door, walking approximately 10 feet to where the eye wash station is located on the left.</p> <p>B. Obstetrics Department Soiled Utility Room:</p> <p>a. personnel use Medline Dual Enzymatic Detergent & Pre-Soak for gross decontamination of instruments.</p> <p>b. in order to access the emergency eye wash station, personnel may have to exit the room through a closed door and turn to the right walking approximately 10 feet, through closed double doors which requires a badge swipe to activate egress, turning to the right and walking approximately 25 feet through a closed door which requires a badge swipe to activate egress, walking approximately 8 feet, then turn right down a hallway and walk approximately 12-15 feet where the eye wash station is located on the</p>			

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	right. 6. Personnel P16 was interviewed on 12/17/13 at approximately 11:30 AM, and confirmed the emergency eye wash stations described above are located away from the areas that personnel are using chemicals to gross disinfect endoscopes and/or instruments, with obstacles (closed and/or multiple doors, turns, and long hallways) to personnel trying to gain access to them. Personnel are using products that require rinsing of the eyes and/or skin with plenty of water if contact with eyes or skin is made.				