

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150034	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/10/2012
NAME OF PROVIDER OR SUPPLIER  ST MARY MEDICAL CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 S LAKE PARK AVE HOBART, IN 46342		
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S0000	<p>This was a State hospital complaint investigation.</p> <p>Complaint: #IN00112443 Substantiated: State deficiencies related to the allegations are cited.</p> <p>Facility Number: 005786</p> <p>Survey Date: 10/10/2012</p> <p>Surveyor: Saundra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 12/13/12</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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S0560	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(d)</p> <p>(d) A person qualified by training or experience shall be designated as responsible for the ongoing infection control activities and the development and implementation of policies governing control of infections and communicable diseases.</p> <p>Based on medical record review, policy and procedure review, facility administrative document review, and interview, the infection control officer failed to ensure documentation addressed all of the measures taken to eradicate the identified bed bug problem on the Intermediate Medical Care Unit.</p> <p>Findings included:</p> <p>1. Review of the medical record of patient #P1 with staff member #N7 on the EMR (Electronic Medical Record) indicated the patient was placed in contact isolation for multi-drug resistant organisms upon admission to the unit on 04/24/12. The record indicated a nursing note from 04/25/12 at 2:58 PM, "Writer and aid observed a red pin sized bug on patients pillow behind her head. Bug captured, given to [physician] for identification and then to nursing supervisor." The record lacked any explanation of what exactly was the plan of care or any treatment provided. The record also lacked any further mention of the issue or resolution of the problem.</p> <p>2. The facility policy "Isolation and Standard Precautions", last reviewed 10/12, listed the various types of isolation and the measures to be implemented, but did not specifically discuss measures to be taken for bedbugs.</p>	S0560	<p>Survey Date: 10/10/2012 Deficiencies State form and Plan of Corrections report receive date: 12/18/2012 Findings: 1. The Bed Bug, Control policy (attached) was updated to include 1.0-Infection Control will document on the "In House Reporting Communicable Disease Form. 2.0 Environmental Services will maintain a log of Pest Control Interventions 3.0 Nursing staff will document education and adherence to Infection Control protocol and plan of care The Infection Control Coordinator will be responsible for preventing this deficiency and has corrected the deficiency by updating the Bed Bug Policy in December 2012. The In House Reporting Communicable Disease Form (attached) was updated to reflect ongoing communication and resolution of the problem. This will be kept by the Infection Control Coordinator. 2. St. Mary Medical Center originated a Bed Bug Policy in August of 2012 and</p>	12/21/2012			

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	<p>3. A policy supplied by staff member #N1, titled "Bed Bugs, Control", originated 8/2012, but not approved, indicated, "PROCEDURE: 1.0 Immediately upon suspicion of bed bugs, place any bug in a specimen container for identification by pest control services. 2.0 Contact the housekeeping supervisor and nursing supervisor. 3.0 Nursing supervisor will notify Infection Control. 4.0 Place patient in Contact Precautions. 5.0 The Environmental Service Department will initiate contact with pest control services who will confirm the presence of bed bugs. 6.0 Once confirmed, place the patient's clothing and personal belongings in a sealed bag. Have family take the patient's clothing and personal belongings home immediately. If family is not available, leave all belongings in the room. 7.0 Allow patient to bathe/shower and wear only hospital provided articles of clothing. 8.0 Move patient to a clean room. Contact Precautions may be discontinued after this. 9.0 Vacate room and keep door closed where suspected bed bugs are. 10.0 The patient room must remain out of service until the room is inspected and cleared by the pest control services."</p> <p>4. Information shared via staff emails between 04/25/12 and 05/08/12 was provided by the infection control nurse, staff member #N4, which discussed cleaning, treating, and closing and opening rooms 214, 216, 217, 218, 229, and 231. The emails lacked specific information documenting the treatment and reason for the involvement of the various rooms.</p> <p>5. A second set of email notifications between 07/18/12 through 07/20/12 was provided by staff member #N4 and indicated bed bugs were again identified and believed to be spread to room 223 in a recliner that had been in room 214, the room</p>		<p>updated the policy in December, 2012. The Bed Bug Policy (attached) reflects specific measures to be taken for bed bugs. The Infection Control Coordinator has resolved the deficiency as of December 2012 by updating the Bed Bug Policy and will be responsible for preventing further deficiencies.3. Please see Bed Bug Policy (attached) for procedure. The Infection Control Coordinator has resolved the deficiency as of December 2012 by updating the Bed Bug Policy and will be responsible for preventing further deficiencies.4. In House Communicable Disease Log/Form was updated to include specific information regarding room treatment, opening, closing rooms and reasons for the various room involvements to include date/time. The In House Communicable Disease Log is (Attached)The Bed Bug Policy (attached) was updated to include: Environmental Services will maintain a log of Pest Control interventions. This log will be kept by the Director of Environmental Services. The deficiency has been resolved by the Infection Control Coordinator and the Environmental Services Director and both will be responsible for preventing further deficiencies.5. The In House Communicable Disease Log/Form was updated to include specific information regarding room treatment,</p>				

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	<p>involved in the issue in April. Again, the emails lacked specific documentation of treatment.</p> <p>6. Staff member #N5 provided 2 Service and Sanitation Reports from the pest control company that indicated the following: A. A form dated 04/26/12, "...Pest Noted- Bed Bugs, Application-1, Treatment Location- Treated 1 room &amp; inspected other rooms." B. A form dated 07/10/12, "...Pest Noted- Bed Bugs, Application-1, Treatment Location- Treated one room, inspected the surrounding rooms."</p> <p>7. At 11:00 AM on 10/10/12, the infection control nurse, staff member #N4, indicated there had been 2 episodes of bed bugs, but they were believed to be connected. The first one was about April 29, 2012 when a bug was found on a patient in room 231. Although the policy had not been officially approved, the steps to deal with an occurrence of bed bugs were followed. Other than the emails presented, staff member #4 did not have any documentation of patient, family, or staff education or specific steps taken or procedures followed to contain, treat, and prevent the spread of the problem. He/she indicated he/she thought it was more of an environmental services responsibility for documentation even though he/she was involved every step of the way.</p> <p>Staff member #4 indicated the patient was moved from room 231 to room 214 and at some point, a bed bug was also found in room 216. Each time, the proper procedures were followed and the rooms were treated appropriately and those were the only rooms involved. There were no more problems until another bed bug was discovered in July in room 223, but it was determined to come from a recliner that had been moved from room 214 (one of the originally involved rooms) to room 223. Again, the rooms were treated</p>		<p>opening, closing rooms and reasons for the various room involvements to include date/time. The In House Communicable Disease Log is (Attached).The deficiency has been resolved by the Infection Control Coordinator and the Environmental Services Director and both will be responsible for preventing further deficiencies.6. The In House Communicable Disease Log/Form was updated to include specific information regarding room treatment, opening, closing rooms and reasons for the various room involvements to include date/time. The In House Communicable Disease Log is (Attached)The deficiency has been resolved by the Infection Control Coordinator and the Environmental Services Director and both will be responsible for preventing further deficiencies.7. The Bed Bugs, Control policy (attached) was updated to include</p> <p>1.0-Infection Control will document on the "In House Reporting Communicable Disease Form. 2.0 Environmental Services will maintain a log of Pest Control Interventions 3.0 Nursing staff will document education and adherence to Infection Control protocol and plan of care.The In House Communicable Disease Log/Form was updated to include specific information regarding room treatment, opening, closing rooms and plan to treat and</p>				

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	<p>appropriately and there had been no more problems.</p> <p>8. At 11:20 AM on 10/10/12, the director of support services, staff member #N5, provided a binder showing documentation of weekly checks by the pest control company, but there was no documentation of treatment for the bed bugs. He/she contacted the company and then provided Faxed copies of treatment of one room on 04/26/12 and 07/10/12. He/she indicated he/she was the contact person for the pest control company and this was how they kept their records although they had been out numerous times and treated all of the rooms involved.</p> <p>9. At 2:10 PM on 10/10/12, the pest control person, #N8, was interviewed in the conference room. He/she indicated he/she had 20 years experience and was competent to treat the bed bug problem. He/she indicated none of the infestations was bad enough to be spread by staff or belongings from room to room. He/she indicated that in July, in room 223, a heavy infestation of bed bugs was found in a recliner that he/she was told had been moved from room 214 (one of the rooms involved in the April bed bug problem). He/she indicated the chair was treated, rechecked in 5 days and bed bugs were still present, so the chair was removed and had never been returned. He/she also indicated he/she checked the Emergency Department after the first issue in April and no problem was found. When questioned about the 2 Service and Sanitation Reports which only showed documentation of 2 rooms being treated and lacked documentation of which rooms, staff member #N8 indicated he/she had treated all rooms appropriately and could write them all down right now if that is what was required.</p>		<p>prevent the spread of the problem to include reasons for the various room involvements. The In House Communicable Disease Log is (Attached).The defeciency has been resolved by the Infection Control Coordinator and the Environmental Services Director and both will be responsible for preventing further deficiencies.8. The Director of Environmental services will keep a log to include daily/weekly checks by the pest control company as indicated and the log will also include treatment and/or prevention for the bed bugs.Also, The In House Communicable Disease Log/Form was updated to include specific information regarding specific room treatment and room numbers, opening, closing rooms and plan to treat and prevent the spread of the problem to include reasons for the various room involvements. The In House Communicable Disease Log is (Attached)The deficiency has been resolved by the Infection Control Coordinator and the Environmental Services Director and both will be responsible for preventing further deficiencies.9. The Director of Environmental services will keep a log to include daily/weekly checks by the pest control company as indicated and the log will also include treatment and/or prevention for the bed bugs.Also, The In House Communicable Disease Log/Form was updated</p>				

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	10. At 3:00 PM on 10/10/12, staff members #N1, N2, and N4 confirmed the lack of documentation to indicate all of the appropriate steps and procedures were taken to contain, treat, and prevent the spread of the problem. This lack of documentation was evident in the medical record, supervisors' reports, meeting minutes, infection control documentation, pest control documentation, incident reporting, and environmental services documentation.		to include specific information regarding specific room treatment and room numbers, opening, closing rooms and plan to treat and prevent the spread of the problem to include reasons for the various room involvements. In House Communicable Disease Log is (Attached)The deficiency has been resolved by the Infection Control Coordinator and the Environmental Services Director and both will be responsible for preventing further deficiencies.10. The Director of Environmental services will keep a log to include daily/weekly checks by the pest control company as indicated and the log will also include treatment for the bed bugs.Also, The In House Communicable Disease Log/Form was updated to include specific information regarding specific room treatment and room numbers, opening, closing rooms and plan to treat and prevent the spread of the problem. It includes reasons for the various room involvements. The In House Communicable Disease Log is (Attached)The deficiency has been resolved by the Infection Control Coordinator and the Environmental Services Director and both will be responsible for preventing further deficiencies.		

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S0732	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(d)(1)(2)(3)(4)</p> <p>(d) The medical record shall contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of treatment and results.</p> <p>Based on medical record review, policy and procedure review, facility administrative document review, and interview, the medical record for patient #P1 lacked documentation addressing the treatment to eradicate the identified bed bug problem.</p> <p>Findings included:</p> <p>1. Review of the medical record of patient #P1 with staff member #N7 on the EMR (Electronic Medical Record) indicated the patient was placed in contact isolation for multi-drug resistant organisms upon admission to the unit on 04/24/12. The record indicated a nursing note from 04/25/12 at 2:58 PM, "Writer and aid observed a red pin sized bug on patients pillow behind her head. Bug captured, given to [physician] for identification and then to nursing supervisor. [Family member] informed of above, agrees with plan of care." The record lacked any explanation of what exactly was the plan of care or any treatment provided. The record also lacked any further mention of the issue or resolution of the problem.</p> <p>2. A policy supplied by staff member #N1, titled "Bed Bugs, Control", originated 8/2012, but not approved, indicated, "PROCEDURE: 1.0 Immediately upon suspicion of bed bugs, place</p>	S0732	<p>Survey Date: 10/10/2012 Deficiencies State form and Plan of Corrections report receive date: 12/18/2012. The Bed Bug Policy (attached) was updated in December 2012 to include: Nursing staff will document education and adherence to Infection Control protocol and plan of care. This protocol is found within the Bed Bug Policy. The Infection Control Coordinator has corrected this deficiency and will be responsible for preventing future deficiencies. Please see the Bed Bug Policy (attached) for procedure. The Infection Control Coordinator has resolved the deficiency as of December 2012 by updating the Bed Bug Policy and will be responsible for preventing further deficiencies. Since the last occurrence, there have been no further occurrences of bed bugs within the facility. Please see the Bed Bug Policy (attached) for procedure. The Infection Control Coordinator has resolved the</p>	12/21/2012			

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	<p>any bug in a specimen container for identification by pest control services. 2.0 Contact the housekeeping supervisor and nursing supervisor. 3.0 Nursing supervisor will notify Infection Control. 4.0 Place patient in Contact Precautions. 5.0 The Environmental Service Department will initiate contact with pest control services who will confirm the presence of bed bugs. 6.0 Once confirmed, place the patient's clothing and personal belongings in a sealed bag. Have family take the patient's clothing and personal belongings home immediately. If family is not available, leave all belongings in the room. 7.0 Allow patient to bathe/shower and wear only hospital provided articles of clothing. 8.0 Move patient to a clean room. Contact Precautions may be discontinued after this. 9.0 Vacate room and keep door closed where suspected bed bugs are. 10.0 The patient room must remain out of service until the room is inspected and cleared by the pest control services."</p> <p>3. Information shared via staff emails was provided by the infection control nurse, staff member #N4, and indicated the following: A. At 7:50 PM on 04/25/12, the environmental services supervisor notified the housekeeping manager that the pest control person identified the bug as a bed bug, directed the patient be washed very good and moved to another room, and would be out in the morning to spray the room.</p> <p>4. At 1:00 PM on 10/10/12 while on the unit, staff member #N7 reviewed the medical record for patient #P1, the original patient in room 231. Other than the nursing notation when the bug was found, identified by the physician, and given to the nursing supervisor, the record lacked any other documentation regarding this issue. Staff member #N7 indicated the patient was not independent and the staff would have had to assist with bathing,</p>		<p>deficiency as of December 2012 by updating the Bed Bug Policy and will be responsible for preventing further deficiencies.4. The Bed Bug Policy (attached) was updated in December 2012 to include: Nursing staff will document education and adherence to the Infection Control protocol and plan of care. The protocol can be found in the Bed Bug Policy.The Infection Control Coordinator has corrected this deficiency and will be responsible for preventing future deficiencies.</p>				

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	shampooing, or any other treatment and confirmed there was no documentation of this.				