

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150125	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/11/2016
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 901 MACARTHUR BLVD MUNSTER, IN 46321
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S 0000  Bldg. 00	<p>This visit was for a State hospital licensure survey.</p> <p>Dates: 2/8/2016 to 2/11/2016</p> <p>Facility Number: 005106</p> <p>QA: cjl 03/15/16</p>	S 0000	See the following plan of correction action for deficiencies	
S 0596  Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(iii)</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>(iii) Cleaning, disinfection, and sterilization. Based on observation, document review</p>	S 0596	In the Fitness Pointe Outpatient	02/19/2016

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>and interview, the hospital failed to ensure Fitness Ponte Outpatient Wellness and Cardiac off-site child care area utilized a hospital approved disinfectant and failed to ensure 2 plastic spray bottles were labeled for the chemical inside the containers.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. During the tour of Fitness Ponte Outpatient Wellness and Cardiac off-site child care area, a full strength container of Lysol Clean &amp; Fresh Multi-surface Cleaner was observed on the work station in the department. Stored next to the full strength container of Lysol cleaner were two spray bottles that contained a yellow solution in one container and green solution in the other container. Neither plastic spray container was tabled for the chemical inside the bottles.</li> <li>2. Review of Community Hospital Environmental Service's Chemical List/Use Chart policy #ES 10.03 indicated Lysol Clean &amp; Fresh Multi-surface Cleaner was not listed as an approved chemical cleaner. The policy also stated, "All chemicals shall be handled using proper dilution ratios and used in a bottle labeled exclusively for the product contained within." The policy was last approved 10/5/2013.</li> </ol>		<p>Wellness and Cardiac child care area, the unlabeled spray bottles containing a green and yellow solution and the full strength container of Lysol Clean &amp; Fresh Multi-surface Cleaner were removed, discarded and replaced with an approved chemical in labeled spray bottle that contains Oxivir Five 16, appropriate for the child care area. The Policy was updated by the Exercise Program Manager to address all changes. To prevent this deficiency from reoccurring, the Exercise Program Manager also provided education to the child care area staff regarding use of approved disinfectant and a copy of the revised policy to be kept in the child care area. Daily Cleaning sign-off checklists were developed by the Director of Fitness Pointe and implemented at the Outpatient Wellness Center and in the Childcare area to indicate what is being cleaned each day, the name of the approved cleaning formula and supervisor verification. Checklists will be submitted and verified by the Fitness Pointe Supervisor daily.</p>		

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S 1022 Bldg. 00	<p>3. In interview at 9:45 AM on 2/10/2016, staff member # 52 (Fitness Point Child Care coordinator) confirmed that Lysol Clean &amp; Fresh Multi-surface Cleaner was used to disinfect toys and other items that are handled by children. The staff member indicated the two unlabeled spray bottles contained chemical solutions.</p> <p>4. In interview at 11:30 AM on 2/10/2016, staff member #14 (Engineering Compliance Coordinator) confirmed all the above and no other documentation was provided prior to exit.</p>			
	410 IAC 15-1.5-7 PHARMACEUTICAL SERVICES 410 IAC 15-1.5-7 (d)(2)(B)			

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	<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>(B) Appropriate storage conditions. Based on document review, observation and interview, the facility failed to ensure appropriate storage conditions for high alert medications and other injectable medications according to facility policy and procedure for 1 of 1 (Surgery Department) area toured.</p> <p>Findings:</p> <p>1. Policy #PHA 010.9, Pharmacy High-Alert Medication Policy, revised/reapproved on 1/22/14 indicated, on pg.:</p> <p>A. 2, under Procedures section, point B. 1. Procuring/Storing, "a. Distinguish drug names clearly (e.g. TALLman lettering)...d. Color-coded and labeled as high-alert in dispensing cabinets bins...g. Location, segregation."</p> <p>B. 3, under High-Alert Medication List section, medications considered high-alert include Heparin and Neuromuscular Blockers (Rocuronium and Succinylcholine).</p>	S 1022	Anesthesia carts are now compliant for appropriate storage conditions as per policy PHA 010.9 for high alert medications and other injectable medications. These high alert designations include non-depolarizing muscle relaxants and succinylcholine as well as vasopressor medications. All drawers are now labeled. Any sound-a-like/look-a-like medications are also labeled in each tray using TALLman lettering. High-alert medications are distinguished by color coded labeling. The anesthesia re-stocking carts now have specified storage areas and are clearly labeled and separated from the general cart inventory. High risk/high alert medications are clearly identified. Dividers were placed in the cart that clearly distinguish between the classes of medications. Locks were installed on all re-stocking carts. All re-stocking carts are locked when not attended. The door to the room is now locked and secured with badge access	02/17/2016			

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	<p>2. Policy #PHA 114.02, Medication Storage, Preparation and Security, revised/reapproved on 10/13 indicated on pg.:</p> <p>A. 1, under Medication Storage Areas section, point 2, "Nursing Medication carts, Anesthesia carts, and other medication carts when not in use must be stored in a locked or secure location.</p> <p>B. 2, under Storage Conditions section, point 1, "All medication and supply storage areas shall be kept clean, neat and orderly at all times."</p> <p>3. While on tour of facility on 2/11/16 at approximately 0930 hours, accompanied by staff 2 (Nursing Quality), staff 6 (Manager of Surgery), staff 55 (Assistant Manager of Surgery), and staff 56 (Anesthesia Tech), the following was observed in the Anesthesia Workroom of Operating Room 10:</p> <p>A. in the Pharmacy Medication Restocking Cart there were high risk/high alert medications of Heparin, Rocuronium, and Succinylcholine that were not clearly labeled as such and/or separated appropriately from the general medication inventory of injectable medications.</p> <p>B. other injectable medications were haphazardly stored together in one bin of the Pharmacy Medication Restocking</p>		<p>RFID. This deficiency will be prevented from reoccurring by monthly inspection of anesthesia carts for the appropriate storage and expiration of medications, and general cleanliness to include instruments. The monthly inspection monitor is submitted to the medical director of anesthesia and the pharmacy medication compliance supervisor. The soiled instruments found on the restocking cart were immediately removed the day of inspection (2/11/2016).</p>	

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S 1024 Bldg. 00	<p>Cart, rather than each medication being stored in its own separate bin.</p> <p>C. the Pharmacy Medication Restocking Cart drawers were not locked and were very disorganized. There were also two forceps and two pairs of scissors that were visibly soiled laying on top of this cart.</p> <p>D. the door to this room was not locked.</p> <p>4. Staff 56 (Anesthesia Tech) was interviewed on 2/11/16 at approximately 0935 hours, and confirmed the Pharmacy Medication Restocking Cart was not locked, drawers were disorganized, dirty instruments were on top of the cart, high risk/high alert medications of were not clearly labeled, and medications with the same name were not stored separately in their own bin. This medication cart is used to restock anesthesia carts with medications that may be used during procedures.</p> <p>410 IAC 15-1.5-7 PHARMACEUTICAL SERVICES 410 IAC 15-1.5-7 (d)(2)(C)</p> <p>(d) Written policies and procedures shall be developed and implemented that include the following:</p>						

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	<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>(C) Detection and quarantine of outdated or otherwise unusable drugs and biologicals from general inventory pursuant to their return to the manufacturer, distributor, or destruction.</p> <p>Based on observation, document review and interview, the facility failed to ensure detection and quarantine of outdated medications according to facility policy and procedure for 1 of 1 (Surgery Department) area toured.</p> <p>Findings:</p> <p>1. Policy #PHA 114.02, Medication Storage, Preparation and Security, revised/reapproved on 10/13 indicated on pg. 4, under Expiration Date Monitoring section, point 4, "Any pharmaceuticals that are outdated or otherwise unusable (e.g., worn, illegible, or missing labels, inadequate packaging, or improperly stored) will be removed from stock, so distribution and administration are prevented."</p> <p>2. Policy #ANES 5.06, Malignant Hyperthermia, revised/reapproved on 7/13 indicated on pg. 3, under Malignant Hyperthermia Cart section, "The cart will</p>	S 1024	All outdated and/or expired medications were immediately removed from carts and trays. To ensure detection and quarantine of outdated and otherwise unusable drugs and biologicals from general inventory, Pharmacy does monthly medication inspections in surgery of the crash carts, Omnicells, open heartcarts, and Malignant Hyperthermia tray of medications. A random check of other locations of medications, such as the anesthesia trays or travel carts in the OR is also done. In addition, Anesthesia will now do monthly monitors on the OR anesthesia carts, traveling anesthesia carts, and re-stocking carts. In the medication storage room, secure bins are now in place. These secure bins are clearly labeled and will provide for the disposal of unused/opened and expired medications. These secure bins will be sent to pharmacy and disposed of in accordance of the pharmacy and waste management policy. The Malignant Hyperthermia tray is	03/01/2016	

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	<p>be maintained by the Department of Anesthesiology and the pharmacy. The pharmacy is responsible for oversight of cart medications and for removing and replacing expired medications on a monthly basis."</p> <p>3. While on tour of facility on 2/11/16 at approximately 0930 hours, accompanied by staff 2 (Nursing Quality), staff 6 (Manager of Surgery), staff 55 (Assistant Manager of Surgery), and staff 56 (Anesthesia Tech), the following was observed in the Anesthesia Workroom of Operating Room 10:</p> <p>A. in the Pharmacy Medication Restocking Cart:</p> <p>(1). Lidocaine HCL 1.5% and Epinepherine for injection:</p> <p>a. 2 vials, lot #94-009-EV, expired on 10/1/12.</p> <p>b. 1 vial, lot #02-484-EV, expired on 2/1/13.</p> <p>c. 1 vial, lot #03-138-EV, expired on 3/1/13.</p> <p>d. 1 vial, lot #04-527-EV, expired on 4/1/13.</p> <p>e. 2 vials, lot #06-533-EV, expired on 6/1/13.</p> <p>f. 1 vial, lot #18-253-EV, expired on 6/1/14.</p> <p>(2). Lidocaine HCL 1% for injection:</p> <p>a. 2 vials, lot #040903A, expired on 4/1/14.</p>		<p>checked monthly when the medication inspection is done in surgery. Pharmacy is responsible for the oversight of the cart medications for removing and replacing expired medications . A mandatory "What's New Let's Review" was created for pharmacy staff on Malignant Hyperthermia #23441 that had to be completed by 3/1/2016. All staff compliant. The re-stocking carts will be checked as above on a monthly basis for expiration of product. All clean medications not utilized from pre-packaged trays will be discarded or returned to the appropriate designated storage areas within the re-stocking carts. This deficiency will be prevented from reoccurring by monthly inspection of anesthesia carts for the appropriate storage and expiration of medications. The monthly inspection monitor is submitted to the medical director of anesthesia and the pharmacy medication compliance supervisor.</p>				

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S 1118 Bldg. 00	<p>b. 1 vial, lot #201853A, expired on 8/1/15.</p> <p>(3). Heparin 10,000u/10ml for injection, 1 vial, lot #WG406N, expired on 12/15.</p> <p>(4). Glycopyrrolate 4mg/20ml for injection, 1 vial, lot #131210.2, expired on 10/15.</p> <p>B. in the Malignant Hyperthermia Cart:</p> <p>(1). Dantrium 20mg, 6 vials, lot #608009, expired on 1/16.</p> <p>(2). the date on the outside of the drawer stated the first medication expiration date would be 5/16 and the list used to document expiration dates during monthly stock checks listed the first medication expiration date as 2/16.</p> <p>4. Staff 56 (Anesthesia Tech) was interviewed on 2/11/16 at approximately 0935 hours, and confirmed the Pharmacy Medication Restocking Cart had expired and/or outdated medications stored in it. This medication cart is used to restock anesthesia carts with medications that may be used during procedures.</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</p>						

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	<p>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> <p>Based on observation, documentat review and interview, the hospital failed to ensure high-protein Enteral tube-feeding supplements were stored properly in the Bulk Supply Department.</p> <p>Findings included:</p> <p>1. During the tour of the Bulk Supply Department at 2:00 PM on 2/10/2016, approximately 200 loose 4-pack assorted Similac pediatric Abbott Enteral Feeding supplements were observed stored under florescent ceiling lights on steel shelving units.</p> <p>2. Review of the Abbott manufacturer product label on the assorted 4-pack Similac pediatric Enternal ready-to-eat nutritional supplements indicated "Contain light sensitive nutrients." The manufacturer indicated artificial light degrades vitamins such as riboflavin (B2), B6, and vitamin A. Vitamins losses occur gradually at low light exposure and faster in bright light. The manufacturer stated, "Store product in the shipper carton or store on covered</p>	S 1118	<p>The Storeroom Manager removed and disposed the expose 4-Packassorted Similac pediatric infant formula that was stored on steel shelving units in direct sunlight. The remaining supply is kept in their shipping containers. The formula is transported to the nursing unit in the shipping containers, removed and placed in closed cabinets on the nursing unit. The Storeroom Manager educated his staff on the importanceof keeping the light sensitive infant formula out of direct light. The Sr. Engineering Regulatory Compliance Coordinator revisited the Storeroom and questioned staff regarding storage of lightsensitive infant formula and found answers to comply with the new practice and also found that the formula is being stored correctly in the Storeroom. Monitoring to ensure the pediatric infant formula is stored in the shipping containers on the shelf away from direct light in the Storeroom was added to the monthly formula expiration monitor. Monthly monitoring is conducted by the Storeroom Manager.</p>	02/12/2016

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S 1186 Bldg. 00	shelves or in close cabinet prior to use."  3. In interview at 2:15 PM on 2/10/2016, staff member #53 (Bulk Supply Supervisor) confirmed all the above and no other documentation was provided prior to exit.  410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (f)(3)(A)(B)(C)(D)(E) (i)(ii)(iii)(iv)(v)  (f) The safety management program shall include, but not be limited to, the following: (3) The safety program that includes, but is not limited to, the following:  (A) Patient safety. (B) Health care worker safety. (C) Public and visitor safety. (D) Hazardous materials and wastes management in accordance with federal and state rules. (E) A written fire control plan that contains provisions for the following: (i) Prompt reporting of fires. (ii) Extinguishing of fires.			

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	<p>(ii) Protection of patients, personnel, and guests.</p> <p>(iv) Evacuation.</p> <p>(v) Cooperation with firefighting authorities.</p> <p>Based on document review and interview, the hospital failed to ensure fire drills are conducted per policy for Community Hospital Munster.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of Community Hospital Munster Fire Safety Management Plan indicated the fire drills are conducted on all shifts and are conducted in all buildings where patients are treated and housed. In non patient care areas drills are conducted at least annually. The hospital shall comply with 2000 Life Safety Code requirements. The policy was last approved November 2013,</li> <li>Review of the 2015 four quarter fire drills' documentation for Community Surgery Center and Community Cardiology Center indicated Community Surgery Center only had one fire drill on 2/20/15 and Community Cardiology Center only had one5 fire drill on 5/12/15. Both off-site locations missed three required fire drills for 2015.</li> <li>In interview at 2:00 PM on 2/09/2016, staff member #14 (Engineering</li> </ol>	S 1186	<p>The Sr. Engineering Regulatory Compliance Coordinator arranged with the Maintenance Supervisor to have additional Fire Drills completed for each outpatient treatment area in the Medical Office Building forthe 1st Quarter of 2016. The areas include: Community Surgery Center Outpatient Gastroenterology Center Community Cardiology Center The Fire Drills will be continued in each off-site outpatient treatment area in the Medical Office Building, one pershift per quarter. Identified areas were added to the Fire Drill schedule by the Sr. Engineering Regulatory Compliance Coordinator. All areas had drills completed for first quarter. The Sr. Engineering Regulatory Compliance Coordinator will be responsible for ongoing monitoring of drill completion.</p>	03/10/2016	

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