

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150006		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/29/2013	
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH LA PORTE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350			
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S000000	<p>This visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN00134726</p> <p>Substantiated: Deficiencies cited.</p> <p>Date: 8/29/13</p> <p>Facility Number: 005006</p> <p>Surveyor: Jacqueline Brown, R.N., Public Health Nurse Surveyor</p> <p>QA: claughlin 09/25/13</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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S000554	<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 observation, policy and procedure review, and personnel interview, the facility failed to provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors by failing to ensure clean privacy curtains and furniture in 3 of 4 (Patient Rooms 2218, 2219, and 2268) areas toured.</p> <p>Findings:</p> <p>1. a. While on tour of the Maternal Health Unit on 8/29/13 at approximately 1130, accompanied by P2, the following was observed in Room:</p> <p>A. 2218, possible black marker spots on the privacy curtain.</p> <p>B. 2219, possible dark grease marks and what appears to be faint reddish/orange droplet stains on the edge of the privacy curtain.</p> <p>C. 2268 (triage room), faint reddish droplet mark on the privacy curtain and a bedside cabinet drawer that was unorganized and dusty with an empty straw wrapper.</p>	S000554	<p>Director added the following to the weekly room check spread sheet: check curtains to ensure there are no stains or marks. Director to continue to spot check to ensure weekly checks are completed by assigned OB staff during leadership rounding. Implementation date September 29, 2013. Assigned OB housekeeper educated on proper room checks for cleanliness the day after the survey, August 30, 2013. Housekeepers will inspect patient rooms each time they clean a discharge room per policy ES-007. All infant warmers were inspected and contents were removed from drawers and relocated. Implementation date 08/29/13. Ongoing compliance monitored by Director during leadership rounding. Essential equipment drawers to be checked weekly; they were added to the weekly room check. Director to continue to spot check to ensure weekly checks are completed by assigned OB staff during leadership rounding. Date of implementation</p>	09/29/2013			

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	<p>2. Policy No.: ES-007, titled, "Cleaning of Discharged Rooms" revised/reapproved 10/7/11, was reviewed on 8/29/13 at approximately 1:00 PM, and indicated on pg. 2, points B., C., and E., "Visual Inspections: As you are cleaning the room, make visual inspections. In the event you find anything wrong, write a work order and turn into the administrative assistant...Work Order Visual Inspections: Wallpaper, shower curtain, floor/carpets, curtains soiled...Clean the Room: Check for soil on the drapes. Replace drapes if soiled."</p> <p>3. Policy No.: ADM-IC-023, titled, "Exposure Control Plan/Standard (Universal) Precautions" revised/reapproved 3/31/10, was reviewed on 8/29/13 at approximately 1:00 PM, and indicated on pg. 6, under Housekeeping section, point A. 7., "Extraordinary attempts to disinfect or sterilize walls, floors, and other surfaces are not necessary. However, cleaning and removal of soil should be done routinely. Cleaning of walls, blinds, and curtains is recommended only if they are visibly soiled."</p> <p>4. Personnel P2 was interviewed on 8/29/13 at approximately 1140 and</p>						

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	confirmed children and visitors are given red juice when with patients and the privacy curtains in the above-mentioned rooms appeared to be soiled with either black marker or faint reddish/orange droplet marks. The bedside cabinet drawer also appeared dusty and unorganized.			

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S001024	<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> <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 and staff interview, the facility failed to ensure detection and quarantine of outdated medications for 1 of 1 (Maternal Health Unit) areas toured.</p> <p>Findings:</p> <p>1. While on tour of the Maternal Health Unit on 8/29/13 at approximately 1130, accompanied by P2, the following was observed in Room 2221, the infant warmer locked drawer had an emergency medication kit for newborns with expired medications:</p> <p>A. Naloxone HCI 0.4mg/ml, lot 02-186-EV, expired 2/1/13.</p> <p>B. two 4.2% Sodium Bicarbonate, lot 96-030-DK, expired 12/1/12</p> <p>C. two Epinephrine 0.1mg/ml, lot</p>	S001024	<p>Director removed the outdated medications on the day of the survey, August 29, 2013. All warmer drawers were emptied; implementation date August 29, 2013. Director spot-checks for ongoing compliance during leadership rounding. Plan in place with pharmacy director to complete monthly monitoring of the 3 remaining newborn emergency kits in the designated locked cabinets in the department. Implementation date 9/29/2013. Newborn emergency kit check added to daily newborn emergency equipment checks-OB colleagues educated by Director day after survey 08/30/2013. OB/nursery kits are stoned now in only two locations; implementation date 09/29/2013. One technician is</p>	09/29/2013			

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	SI088K1, expired 4/13. 2. Personnel P2 was interviewed on 8/29/13 at approximately 1140 and confirmed the above-mentioned medications were expired and unusable.		assigned the task of checking expiration dating of the kids and this task is completed monthly with the unit inspection. The inspection is documented on the "Patient Care Area Inspection Report" and is stored in a binder in the pharmacy. Also, all kits are heat-sealed and labeled on the outside of the kit with an expiration date which corresponds to the date of earliest expiring medication. Implementation date 09/29/2013.		

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S001118	<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> <p>Based on observation and staff interview, the facility failed to ensure no condition was created or maintained that may result in a hazard to patients and public due to unsecured needles in 1 of 1 (Maternal Health Unit) areas toured.</p> <p>Findings:</p> <p>1. While on tour of the Maternal Health Unit on 8/29/13 at approximately 1130, accompanied by P2, the following was observed in Room:</p> <p>A. 2268 (triage room), unsecured 18 gauge (g), 20g, 22g needles, and a syringe with needle in a drawer, as well as glass microscope slides in an unopened box, and all are accessible to patients and visitors.</p> <p>B. 2218, the drawer on the infant warmer containing needles was not locked.</p>	S001118	<p>Items were relocated to a secure cabinet within the nurse's station by the director the day of the survey, August 30, 2013. Communication note was posted by the director to ensure all OB colleagues are aware that these items were relocated and must always be secure; completed the day after the survey, August 30, 2013. Drawers of infant warmers were emptied and relocated August 30, 2013. No supplies are kept in them. Director monitors compliance during leadership rounding.</p>	09/29/2013			

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	2. Personnel P2 was interviewed on 8/29/13 at approximately 1140 and confirmed the above-mentioned needles and glass microscopes should be locked in a secure manner for patient or visitor safety.			