

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150088	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/11/2012
NAME OF PROVIDER OR SUPPLIER SAINT JOHN'S HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 2015 JACKSON ST ANDERSON, IN 46016		
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S0000	<p>The visit was for the investigation of one (1) State complaint.</p> <p>Complaint Number: IN00099078 Unsubstantiated: Deficiencies unrelated to the allegations are cited.</p> <p>Facility Number: 005078</p> <p>Survey Date: 01-11-12</p> <p>Surveyor: Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 03/22/12</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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S0308	<p>410 IAC 15-1.4-1 GOVERNING BOARD 15-1.4-2 (c)(6)(B)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(B) Orientation of all new employees, including contract and agency personnel, to applicable hospital, department, service, and personnel policies.</p> <p>Based on document review and interview, the facility failed to ensure that orientation to applicable hospital and department policy/procedures was provided to contracted housekeeping personnel for 2 personnel.</p> <p>Findings:</p> <p>1. On 1-11-12 at 1225 hours, staff A1 and A11 was requested to provide documentation of orientation to hospital policies regarding infection control, sanitation and safety for 2 housekeeping staff providing services at an off-site outpatient department and none was provided prior to exit.</p>	S0308	<p>The cleaning service referred to in this citation is contracted to provide services with the building owner of the off-site department. Saint John's is only a tenant in this building and is not the building owner and therefore does not contract directly with the cleaning service. Applicable hospital policies and cleaning procedures that are currently provided to hospital cleaning associates and cleaning services directly contracted by the hospital in other locations will be reviewed with the cleaning service operations manager. The cleaning service responsible for this off site department will oreint their employees to Saint John's infection control requirments, policies and procedures, and</p>	05/02/2012			

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	2. During an interview on 1-11-12 at 1340 hours, staff A1 confirmed that the hospital lacked documentation of orientation to applicable department and hospital policies for 2 contracted housekeeping staff.		provide documentation that this oreintation was completed. In the future, copies of these infection control requirement, policies, and procedures will be forwarded to the cleaning service at the time of revision. A current copy of this information packet will be maintained within the suite for easy access to cleaning employees onsite. (Infection Control Practitioner, 5/2/12)		

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S0332	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(L)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(L) Demonstrating and documenting personnel competency in fulfilling assigned responsibilities and verifying inservicing in special procedures.</p> <p>Based on document review and interview, the facility failed to document contracted housekeeping personnel competency for cleaning and disinfecting areas at an outpatient off-site location for 2 personnel.</p> <p>Findings:</p> <p>1. On 1-11-12 at 1225 hours, staff A1 and A11 was requested to provide documentation of competency for 2 housekeeping staff providing services at an off-site outpatient department and none was provided prior to exit.</p> <p>2. During an interview on 1-11-12 at 1340 hours, staff A1 confirmed that the hospital lacked documentation of competency for 2 contracted</p>	S0332	<p>The cleaning service referred to in this citation is contracted to provide services with the building owner of the off-site department. Saint John's is only a tenant in this building and does not contract directly with the cleaning service. The Infection Control Practitioner will at least annually directly observe Cleaning Service staff performance to ensure that services are performed in a safe and effective manner in accordance with Saint John's Infection Control program. In addition, the competency evaluation process utilized by the cleaning service will be reviewed by the Infection Control Practitioner to ensure it adequately assesses competency. If the competency evaluation</p>	05/02/2012	

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	housekeeping staff.		process or staff observation indicates services are not being provided in accordance with Saint John's Infection Control Program the building owner who directly contracts with the cleaning service will be notified immediately. (Infection Control Practitioner, 5/2/12)		

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S0592	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(i)</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:</p> <p>(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>(i) Sanitation.</p> <p>Based on document review and interview, the infection control (IC) program failed to ensure that contracted housekeeping services were provided in a safe and effective manner for one outpatient off-site department.</p> <p>Findings:</p> <p>1. On 1-11-12 at 1225 hours, staff A1 and A11 was requested to provide documentation of cleaning agents used by cleaning personnel at the off-site outpatient department and none was received prior to exit.</p>	S0592	<p>1. Saint John's Infection Control Committee will review and approve the list of cleaning agents used by the external cleaning service providing service at Saint John's off site departments at their next meeting, May 10, 2012. In the future, the list of cleaning agents will be reviewed and approved annually as part of the Infection Control Plan approval process or at any time cleaning agents are changed. (Infection Control Practitioner, 5/2/12) 2. The cleaning service referred to in this citation is contracted to provide services with the building owner of the off-site department. Saint John's is only a tenant in this building and does not contract</p>	05/02/2012

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	<p>2. The contracted service policy/procedure Daily Services failed to indicate a review/approval by the facility infection control committee, lacked an indication for using hospital-approved disinfectants and lacked a provision for disinfecting all high touch surfaces.</p> <p>3. During an interview on 1-11-12 at 1105 hours, staff A11 indicated that no direct observation of the housekeeping staff performance was being conducted to ensure that the services were being performed in a safe and effective manner by the contracted service.</p> <p>4. During an interview on 1-11-12 at 1340 hours, staff A1 confirmed that the infection control committee lacked oversight for the off-site contracted housekeeping services and products used by contracted housekeeping providers.</p>		<p>directly with the cleaning service. Saint John's Infection Control Practitioner will consult with the cleaning service operations manager to ensure the cleaning service policy appropriately documents indication for use of disinfectants and a provision for disinfecting high touch surfaces. If this consultation is not effective, the building owner will be contacted to facilitate provision of cleaning services consistent with Saint John's Infection Control Program. (Infection Control Practitioner, 5/2/12)</p> <p>3. The Infection Control Practitioner will at least annually directly observe Cleaning Service staff performance to ensure that services are performed in a safe and effective manner in accordance with Saint John's Infection Control program. (Infection Control Practitioner, 5/2/12)</p> <p>4. Through review of cleaning agents used, policy review, and staff observation infection control oversight will be achieved. These activities are now done under the purview of Saint John's Infection Control Program. (Infection Control Practitioner, 5/2/12)</p>		