

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/06/2013
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NAME OF PROVIDER OR SUPPLIER ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN 47750
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S000000	<p>This is a hospital licensure complaint investigation.</p> <p>Dates of Survey: 12/3/13 through 12/5/13</p> <p>Facility Number: 005089</p> <p>Complaint # IN00139082 Substantiated: State deficiencies cited.</p> <p>Surveyor: Albert Daeger, Medical Surveyor</p> <p>QA: claughlin 01/15/14</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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S000406	<p>410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(a)(1)</p> <p>(a) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor.</p> <p>Based on document review and staff interview, the facility failed to ensure the foodservice contractor was part of it's comprehensive quality assessment and improvement (QA&I) program.</p> <p>Findings included:</p> <p>1. The foodservice contractor with St. Mary's Medical Center Evansville was approved January 13, 2013. The contract specifies that both parties have agreed to measure Supplier's performance with respect to the following</p>	S000406	The current project for Food and Nutrition Service for 2014 "to improve the overall quality of food delivered to the patients." Their goal is to exceed the 80th percentile. This monitored through reports for test tray ordering. The Registered Clinical Dieticians order eight(8) trays each month. They evaluate them for accuracy of order, timeliness, and temperature. Data will be collected to define key areas of improvement. Actions items will be identified to provide sustainable improvement. This PI will be reported every six (6) months, as assigned to the ancillary Services Quality and Patient Safety Committee, which will be reported up to the Board. The Vice President of Clinical and Ancillary Services will ensure reporting of PI data and compliance.	01/06/2014			

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	<p>performance areas: Patient Satisfaction, retail foodservice customer satisfaction, and employee satisfaction. The foodservice contract with St. Mary Medical Center Evansville Inc. shall adhere to all local, state, and Federal rules and regulations.</p> <p>2. The Quality Performance Improvement reports were reviewed. The contracted foodservice provider has not been monitored and evaluated by the hospital.</p> <p>3. At 1:30 PM on 12/5/13, staff member #2 confirmed that the contracted service has not been monitored or evaluated for its performance standards since they became the contracted foodservice provider for the hospital.</p>				

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S000608	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(ix)</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>(ix) Requirements for personal hygiene and attire appropriate for work settings.</p> <p>Based on documentation review and documentation review, the hospital kitchen staff did not wash their hands as required by state law, 410 IAC 7-24-129.</p> <p>Findings included:</p> <p>1. The foodservice contract provider with St. Mary ' s Medical Center Evansville was approved January 13, 2013. The contract between the foodservice contract provider with St. Mary Medical Center Evansville Inc. shall</p>	S000608	<p>The Food Service staff was inserviced on December 20, 2013 and January 6, 2014 on hand washing requirements, food temperature requirements, and general sanitation requirements. Monthly inservices are held for Food Service staff. These topics will be included in the monthly presentations. The staff periodically check the food temperatures for compliance. Weekly Infection Control audits will be performed, including hand washing, food temperatures and general sanitation. The target goal is greater than 90% compliance. The food serice vendor (Touchpoint) Training Manual, department orientation checklists, and logs are to be maintained in Director of Food</p>	01/06/2014
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	<p>adhere to all local, state, and Federal rules and regulations.</p> <p>2. Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-24-129 indicates; When to Wash Hands: Food employees shall clean their hands and exposed portions of their arms as specified under section 106 immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and the following: After touching bare human body parts other than clean hands and clean, exposed portions of arm; After coughing, sneezing, or using a handkerchief or disposable tissue; After handling soiled surfaces, equipment, or utensils; During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; When switching</p>		<p>and Nutrition Services office to monitor compliance. This is included in the monthly Infection Control Surveillance audits. This target goal is greater than 90%. The Director of Food and Nutrition Services and the Vice President of Clinical and Ancillary Services will ensure compliance. Monthly Infection Control audits, performed by the Infection Preventionist, will be communicated to Risk Management and Accreditation for follow-up.</p>	

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	<p>between working with raw food and working with ready-to-eat food; Before touching food or food-contact surfaces; Before placing gloves on hands; After engaging in other activities that contaminate the hands.</p> <p>3. At 10:15 AM on 12/3/2013, three staff that was working on the Patient Service Line was observed multiple times changing their gloves without washing their hands in between the changing of the gloves. One staff member, who was working at the fry station of the Patient Service Line, was observed placing raw pork cutlets on the grill with his/her bare hands then followed-up putting on single-use gloves without washing his/her hands first.</p>			

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S000610	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(x)</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>(x) A program of food preparation and storage for all personnel involved in food handling which includes, but is not limited to, the following:</p> <p>(AA) Storage of employee food in patient refrigerators.</p> <p>(BB) Medications in nutrition refrigerators.</p> <p>(CC) Refrigerator and freezer temperature monitoring.</p> <p>Based on documentation review, observation, and staff interview, the hospital failed to properly cook raw hamburger and raw chicken to the required cooking temperatures and failed to ensure proper holding temperatures of cooked food as required by state</p>	S000610	The Food Services staff was inserviced on December 20, 2013 and January 6, 2014 on hand washing requirements, food temperature requirements, and general sanitation requirements. Monthly inservices are held for Food Service staff. These topics will be included in the monthly presentations. The staff periodically check the food temperatures for compliance.	01/06/2014			

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	<p>law, 410 IAC 7-24.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. The foodservice contract provider with St. Mary's Medical Center Evansville was approved January 13, 2013. The contract specifies that the contacted food service company will provide food to the patients cooked at the proper temperatures that are specified within local, state, and Federal rules and regulations. 2. Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-24-182 indicates; Cooking of Raw Animal Foods: Raw animal foods, such as eggs, fish, meat, poultry, and foods containing these raw animal foods, shall be cooked to heat all parts of the food to a temperature and for a time that complies with one (1) of the following methods based on the food that is being cooked: One hundred fifty-five (155) degrees Fahrenheit for 		<p>Weekly Infection Control audits will be performed, including hand washing, food temperatures and general sanitation. The target goal is greater than 90% compliance. Monthly Infection Control audits performed by the Infection Preventionist must meet a target of greater than 90%. The Director of Food an Nutrition Services and Vice President of Clinical and Ancillary Service will ensure compliance. The results off the monthly Infection Control audits performed by the Infection Prevenntionist will be mailed to Risk Management and Accreditation for follow-up.</p>	

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	<p>Comminuted meat or fish; One hundred sixty-five (165) degrees Fahrenheit or above for poultry, game animals, stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, or stuffing containing fish, meat, or poultry.</p> <p>3. Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-24-187 indicates; Except during preparation, cooking, or cooling; potentially hazardous food shall be maintained as follows: (1) At one hundred thirty-five (135) degrees Fahrenheit or at forty-one (41) degrees Fahrenheit or less.</p> <p>4. At 10:30 AM on 12/3/2013, the Patient Serving Line grill station was observed with two 4-inch deep pans on the grill top surface containing 18 grilled chicken breasts in one container and 20 grilled hamburger patties in the other container. Each container had about 1-inch of water in the pan. Both products were stacked</p>			

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	<p>above the water level within the pan. The chicken breasts tempted between 118 to 127 degrees Fahrenheit. The container of hamburgers registered between 112 to 119 degrees Fahrenheit. Both items were cooked from raw on the gril and never were cooked to the required cooking temperature of 165 and 155 degrees Fahrenheit respectively.</p> <p>5. At 10:45 AM on 12/3/2013, the fryers located adjacent to the Patient Service Line's grill were observed with French fries in one basket and breaded fish squares in the other basket. Both items had been deep fried and were draining above the hot grease for at least 15 minutes. There were at least 25 deep fried fish squares in one of the fryer's baskets. One fish square tempted at 119 degrees Fahrenheit. The fish squares were not held at the required temperature of 135 degrees Fahrenheit.</p>				

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	6. At 11:00 AM on 12/3/2013, staff member #6 confirmed the staff did not cook the raw chicken and the raw hamburger on the patient service line grill to the required temperatures of 165 and 155 degrees Fahrenheit respectively. The staff member indicated the procedure of the patient tray line was to grill the food as it was ordered by a patient. The staff member indicated the dietary staff members are not to grill the food and place it in a container of water on the grill and hold it waiting for a patient to order it. The staff on the patient tray line was not following proper procedures to grill patient food as ordered.			

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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, documentation review, and staff interview, the facility failed to maintain the Production Kitchen in a sanitaty manner.</p> <p>Findings included:</p> <p>1. At 9:40 AM on 12/3/2013, the Patient Serving Line in the Production Kitchen was inspected. The floor surfaces under the kitchen equipment and the serving line were observed with heavy accumulation of food debris and other soil residue. The floor was greasy to touch. Three of three sanitizing wiping cloth containers that are used to wipe food-contact</p>	S001118	The Food Service STaff was inserviced on December 20, 2013 and January 6, 2014 on hand washing requirements, food temperature requirements, and general sanitation requirements. Monthly inservices are held for Food Service staff. These topics will be included in the monthly presentations. The staff will periodically check the food temperatures for compliance. Weekly Infection Control audits will be performedm including hand washing, food temperatures and general sanitation. The target goal is greater than 90% compliance. Weekly Infection Control audits will be performed by the Infection Preventionist will be sent to the Vice President of Clinical and Ancillary Services and emailed to Risk Management and Accreditation for review and follow-up if compliance issues noted. The Director of Food and Nutrition Services and the Vice	01/06/2014			

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	<p>surfaces registered less than 100 parts per million quaternary ammonia. The manufacturer requires the concentration to be between 150 and 400 parts per million quaternary concentration for it to be effective against bacteria that can contribute to a food borne infection.</p> <p>2. At 10:00 AM on 12/4/2013, the sanitation of the Production Kitchen was inspected. The Patient Service Line was observed with soiled rags stored on prep tables and on shelves under the prep tables. The rags were not stored in the food-contact sanitizing container as required by 410 IAC 7-24. The floor surface was also observed heavily soiled with loose food debris on it and greasy to the touch.</p> <p>3. At 10:30 AM on 12/4/2013, the food production area was observed with the floor heavily soiled with loose food deposits. One lower shelf of one of the prep</p>		<p>President of Clinical and Ancillary Services will ensure compliance. All kitchen floors were pressure washed. All department job flow are to include required cleaning duties. The department managers or an assigned delegate are to validate daily completion on the cleaning assignment sheets. Logs are to be maintained by the department managers to validate completion. Employees failing to complete assignments will be coached or counseled as appropriate. Inservices with staff occurred on December 20, 2013 and January 6, 2014. Monthly inservices are held for Food Services staff. These topics will be included in the monthly presentations. All control measures are to be maintained and monitored daily by the Director of Food and Nutrition Services' office to monitor compliance. Monthly Infection Control audits will used as the to measure compliance and progress. The Director of Food and Nutrition Services will report to thhe Ancillary Quality and Patient Safety Committee. Appropriate action plans will be submitted for areas of non-compliance. Weekly infection control audits will be completed with a target of greater than 90% compliance. Results of the monthly Infection Control audits performed by the Infection Preventionist will be sent to the Vice President of Clinical and</p>				

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	<p>tables was observed rusty with loose food on the shelf. The exterior surfaces of the cooking equipment were observed greasy with accumulation of soil residue on them. Under the steam jacket kettles, there was a pan under a drain pipe collecting drips from the pipe. The pan was filled with black water. The floor behind the cooking equipment was observed heavily soiled with dirt and food.</p> <p>4. At 12:05 PM on 12/4/2013, staff member #5 confirmed the sanitation of the kitchen was dirty and assorted food debris was accumulated throughout the kitchen floor surfaces. The kitchen equipment was soiled and with heavy grease accumulation on them.</p>		<p>Ancillary Services and emailed to Risk Management and Accreditation for review and follow-up. The Director of Food and Nutrition Services and the Vice President of Clinical and Ancillary Services will ensure compliance. The inservices on December 20, 2013 and January 6, 2014 included fire safety and specifically, items being placed near heat sources. Monthly inservices are held for Food Services staff. This topic will be included in the monthly presentations to staff. The binders were removed immediately and placed on the correct bookshelf within the department. The pan of black water had been temporarily placed in that location by a plumber who was working on an issue. It was immediately removed and disposed of upon completion of the repair. The Food and Nutrition Services Director, the Facilities Director , (supervises the Plumbing staff and Engineering staff), and the Vice President of Clinical and Ancillary Services will be responsible for supervision when repairs are performed within the department. These individuals also are responsible to ensure compliance. As noted, the Kitchen has been thoroughly cleaned, with debris and grease removed. The Director of Food and Nutrition Services is responsible to ensure ongoing</p>	

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			compliance and compliance will be measured during weekly and monthly audits by Infection Preventionist. Results of the audit will be sent to the Director of Food and Nutrition Services and the Vice President for Clinical and Ancillary Support. Results of the audits will be sent to Risk Management and Accreditation who will follow-up on non-compliance.		