

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150149	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER WOMEN'S HOSPITAL THE			STREET ADDRESS, CITY, STATE, ZIP CODE 4199 GATEWAY BLVD NEWBURGH, IN 47630		
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility #: 002855</p> <p>Survey Dates: 2-11/12-13</p> <p>Surveyors: Billie Jo Fritch RN, MBA, MSN Public Health Nurse Surveyor</p> <p>Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>Ken Zeigler Laboratorian</p> <p>QA: clauglin 02/15/13</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. Based on observation and staff interview, the facility failed to remove outdated supplies from 1 of 2 Neonatal Intensive Care Unit (NICU) emergency drug boxes.</p> <p>Findings include:</p> <p>1. During tour of the NICU beginning at 12:15 p.m. on 2/12/13, the following outdated supplies were found in 1 of 2 emergency drug boxes: (A) Two (2) blood collection kits with an expiration date of 01/11. (B) Two (2) 24 G .56" IV catheters with an expiration date of 11/12. (C) One (1) Tegaderm dressing with an expiration date of 4/06.</p> <p>2. Staff member #2 verified the supplies were outdated at 12:35 p.m. on 2/12/13.</p>	S000554	<p>Plan of Correction Ø</p> <p>Corrected 2/19/13 Ø Eliminated outdated supplies Ø Created checklist with supplies and column for outdates added. (See attached). This checklist will be checked monthly by assigned NICU staff. Monthly checklist will be reviewed by NICU Nursing Manager. Ø Shared in staff meetings 2/19/13 and staff signed acknowledgement for receiving information on updated process. Also, information e-mailed to all staff per staff meeting minutes as per routine protocol. Responsible person: Vicki Belangee, Compliance/Regulatory Officer and Mary Stephens, Nurse Manager of NICU and Nursery</p>	02/20/2013	

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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, document review and staff interview, the facility failed to ensure unusable medications were removed from anesthesia carts in 1 of 2 surgery areas.</p> <p>Findings include:</p> <p>1. During tour of the c-section surgery area beginning at 11:30 a.m. on 2/12/13, the following unusable medications were observed in the top drawer of the anesthesia cart:</p> <p>(A) Four (4) vials of .9% Sodium Chloride that were opened and had an attached label marked "Phenylephrine" with a date of 2/7/13 and initialed by anesthesia provider #1. The vials were labeled by the manufacturer as single dose</p>	S001024	<p>Plan of Correction</p> <p>Completed by 3/31/13 - Ø Medications were discarded by anesthesia at the time found by surveyor on 2/12/12. Ø Pharmacy Team Lead met with Anesthesia Medical Director and discussed need for and purchasing of pre-mixed syringes of Phenylephrine. This would make meds readily available with no need to mix and meds would be properly labeled. Pre-mixed syringes were ordered on 2/26/13. Ø Pharmacy will discard any unused meds outdated in syringe or vials daily on their daily rounds. Ø Policies will be revised to address updated process including Medication Administration. Policy dated 3/1/2013 per hospital development and maintenance fo</p>	03/31/2013			

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	<p>vials.</p> <p>(B) A syringe with 10 cc's of clear solution labeled "Anectine" and dated 2/7/13 and initialed by anesthesia provider #1.</p> <p>2. Facility policy titled "EXPIRATION DATING" last reviewed/revised 4/12 states on page 8: "11. Beyond Use Dating a. Dating will be based on the shorter of USP 797 guidelines or the documented stability of the final product. i. Single dose vials outside an ISO Class V Environment: 1 hour."</p> <p>3. Anesthesia provider #1 indicated in interview at 11:40 a.m. on 2/12/13 that the medications listed above should have been discarded on 2/7/13.</p>		<p>policy process, but was revised on 2/27/2013.(See attached)</p> <p>Ø Education on updated process for pharmacy techs and ED staff will be completed by February 27, 2013. All nursing staff meetings for education and clinical rollouts as WebInservice to be completed by March 31, 2013. (see attached rollout information). Medical Director of Anesthesia began and completed education for Anesthesiologist on 2/26/13.</p> <p>Responsible person: Vicki Belangee, Compliance/Regulatory Officer, Allie Ingler, Nursing Manager of High Risk Services and Tom Petersen, Pharmacy Lead.</p>		