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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150084 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/04/2016 |
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| NAME OF PROVIDER OR SUPPLIER ST VINCENT HOSPITAL & HEALTH SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W 86TH ST INDIANAPOLIS, IN 46260 |
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| S 0000 Bldg. 00 | <p>This visit was for a State hospital complaint survey.</p> <p>Complaint Number: IN00198148 Substantiated; deficiency related to allegations is cited. An unrelated deficiency is cited.</p> <p>Survey Date: 05-04-2016</p> <p>Facility Number: 005075</p> <p>QA: cjl 06/10/16</p> | S 0000 | | |
| S 0322 Bldg. 00 | <p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H)</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: (H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially. Based on document review and</p> | S 0322 | S 322 IAC 15-1.4-1 Governing Board | 05/18/2016 |

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>interview, the governing board failed to approve and triennially review 2 room cleaning policies and procedures.</p> <p>Findings:</p> <p>1. Two documents were reviewed: Procedure 7.01: High Profile Patient Room Cleaning, Approved by: #C1 (contracted housekeeping service employee), and Procedure 7.02: Discharge Room Cleaning Procedure, Approved by: #C1.</p> <p>2. Interview of employee #A3, Director Environmental Services (EVS) & Patient Transportation Services, on 05-04-2016 at 11:40 am, indicated the above-2 documents were approved by an employee (#C1) of the contracted housekeeping service company, not an employee of the facility.</p> <p>3. On 05-04-2016 at 11:40 am, employee #A1, Director of Clinical Excellence, and employee #A2, Director Accreditation/Patient Safety, were requested to provide the most recent approval and date of same by an authorized facility person of the above-2 stated policies.</p> <p>4. Interview of employee #A1, on 05-04-2016 at 12:30 pm, indicated no</p> | | <p>410 IAC 15-1.4-1 (C) (6) (H) Governing board failed to approve and triennially review 2 room cleaning policies and procedures</p> <p>Corrective Action (s): On May 18, 2016 the Chief Operating Officer of St. Vincent Indianapolis reviewed and approved the following policy and procedures- " 7.01 High Profile Patient Room Cleaning" and "7.02 Discharge Room Cleaning". Additionally, the EVS policies and procedures were flagged in the electronic policy system for a minimum of an annual review and approval to ensure they continue to appropriately identify the required standards of practice and no revisions are warranted.</p> <p>Responsible Person(s): EVS manager or his designee will be responsible for ensuring that an employee of the facility will review and approve EVS policies and procedures at least annually and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p> | | |

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| S 0554 Bldg. 00 | <p>documentation of facility approval of the policies was available and none was provided prior to exit.</p> <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, the facility created 7 conditions which failed to provide a healthful environment that minimized infection exposure and risk to patients, employees and visitors.</p> <p>Findings:</p> <p>1. On 05-04-2016 at 11:15 am, in the presence of employee #A2, Director Accreditation/Patient Safety, and employee #A3, Director Environmental Services & Patient Transportation, it was observed in the hallway of the adult</p> | S 0554 | <p>S554 410 IAC 15-1.5-2 Infection Control 410 IAC 15-1.5-2 (a) The facility created 7 conditions which failed to provide a healthful environment that minimized infection exposure and risks to patients, employees, and visitors.</p> <p>Corrective Action (s): On May 4, 2016 the light fixtures in the 7th floor adult inpatient stress area were removed and debri was removed. Additionally, the following vents and light fixtures were cleaned- 7813 patient room light fixture, bathroom ceiling vent, 7812 patient room bathroom ceiling</p> | 10/07/2016 |

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| | <p>inpatient stress care area of the 7th floor, there were 4 light fixtures, each which contained multiple number of objects which appeared to be insects.</p> <p>2. On 05-04-2016 at 11:15 am, in the presence of employee #A2, and employee #A3, it was observed in patient room 7813 located in the adult inpatient stress care area of the 7th floor, the bathroom ceiling vent contained a considerable amount of dust, and one (1) light fixture in the patient bed area contained multiple number of objects which appeared to be insects.</p> <p>3. On 05-04-2016 at 11:20 am, in the presence of employee #A2 and employee #A3, it was observed the ceiling vent in the bathroom of patient room 7812 located in the adult inpatient stress care area of the 7th floor, contained a considerable amount of dust.</p> <p>4. On 05-04-2016 at 11:22 am, in the presence of employee #A2 and employee #A3, it was observed the ceiling vent in the kitchen/food room located in the adult inpatient stress care area of the 7th floor, contained a considerable amount of dust.</p> | | <p>vent, kitchen and food room ceiling vent. On or before October 7, 2016, facilities associates were reeducated reemphasizing the importance of monitoring the cleanliness of light covers during rounds. Additionally, the work order system was revised to generate a routine work order that will prompt facility workers to assess light covers on a more routine basis. Further, the EVS manager reviewed and revised his cleaning checklist to capture if the light covers are found to be with debri that facilities was contacted for cleaning. EVS associates were reeducated regarding the importance of thoroughly cleaning the outside of vents during their daily and terminal cleans in patient rooms but also in hallways and kitchen areas.</p> <p>Monitoring: To ensure compliance beginning in October 2016, EVS manager or his designee will initiate a monthly audit of 15 checks of the areas listed above on the 7th floor inpatient psych area to ensure that the vents are free of dust and debri and the light covers are free of dust and debri. Any identified gaps will be immediately discussed with the EVS staff member on an individual basis for performance improvement. This audit process will be completed</p> | | |

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| | | | <p>for a 3-month period with expectations for achievement of 90% or greater compliance. If the threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects achievement of the threshold. Results of audits will be communicated through EVS huddles and the Operation and Accreditation Committee meeting.</p> <p>Responsible Person(s): Manager of EVS services or his designee will be responsible for ensuring that staff has a clear understanding of how vents and light covers should be kept clean and dust free to create a safe environment for patients, associates and visitors and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p> | |