STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150065	A. BUILDING 00 B. WING	08/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHNECK MEDICAL CENTER	411 W TIPTON ST SEYMOUR, IN47274

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S0000	This visit was for a State licensure survey. Facility #: 005060 Survey Dates: 08-1/03-11 Surveyors: Billie Jo Fritch, RN, BSN, MBA Public Health Nurse Surveyor Jennifer Hembree, RN Public Health Nurse Surveyor Ken Zeigler Laboratorian QA: claughlin 08/17/11	S0000		
S0554	410 IAC 15-1.5-2(a) (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, document review, and interview, the facility failed to provide a safe and healthful environment	S0554	S554 Cleaning of the vaginal probe will occur per manufacture' s guidelines. The Cleaning, Handling, Disposal, and Storage	09/01/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	that minimizes the risk of infection exposure to patients. Findings include: 1. While touring the radiology ultrasound department on 8-2-11 at 1110 hours with #S22, it was observed that Sporicide wipes were being used to disinfect the intracavity (vaginal) ultrasound probes. 2. While touring the obstetrics department on 8-2-11 at 1250 hours with #S6 and #S25, it was observed that Virus Tb was used to disinfect the intracavity (vaginal) ultrasound probes. 3. Review of facility policy titled Cleaning, Handling, Disposal, and Storage of Patient Care Equipment and Supplies indicates the following on page 3 of 4: B. Semicritical - These items are objects which come in contact with mucous membrane or with skin that is not intact. These items must be free of all microorganisms, with the exception of high numbers of bacterial spores. Intact mucous membrane are generally resistant to infection by common bacterial spores, but are susceptible to other organisms, such as tubercle bacilli and viruses. These items require high-level disinfection with the use of wet pasteurization or chemical germicides such as glutaraldehyde (Cidex). 4. Review of the manufacturer's		of Patient Care Equipment and Supplies Policy and Procedure and The Reusable Items, Guidelines for Cleaning Policy and Procedure were updated on 8/23/11 to reflect manufactures cleaning guidelines. A High Level Disinfectant Quality Assurance Sheet will be implemented to monitor the effectiveness of the high level disinfectant. A wall mounted G Ultrasound Soak station for the cleaning was installed on 9/1/11 for cleaning of the ultrasound vaginal probes. Staff from Obstetrics was educated on the process change on 8/25/11 and Diagnostic Imaging educated on 8/25/11. The Director of Diagnostic Imaging will monitor compliance on a weekly basis.	

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	recommendations from General Electric provided by #S22 on 8-3-11 for disinfecting the intracavity (vaginal) probes indicates the following high level disinfectants agents have been approved for use with all probes: Cidex OPA, Cidex, Cidex Plus, Sporox II High Level Disinfectant, Pera Safe High Level Disinfectant, SterBacBle, Sani-Cloth HB wipes, T-spray, T-spray II, and Virus II 256. 5. Review of the Virex TB instructions on 8-2-11 indicates the following: If on skin or clothing, rinse skin immediately with soap and water. Review of the Sporicide wipes on 8-2-11 indicates the following: Wash thoroughly with soap and water after handling. 6. Interview with #S25 on 8-2-11 at 1250 hours indicates the intracavity probes used in OB are covered with a condom for patient use; after the procedure, the condom is removed, the probe is sprayed with Virus TB, allowed to remain wet for 10 minutes, and not rinsed. 7. Interview with #S22 on 8-2-11 at 1520 hours indicates the intracavity probes are covered in the radiology ultrasound department with a condom for patient use; after the procedure, the condom is removed, the probe is wiped with a Sporicide wipe and then wrapped in a Sporicide wrap for 10 minutes; the probe is not washed following the removal of			

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	the Sporicide wipe; #S22 indicates the intracavity probes are considered semi-critical equipment because they could come in contact with patient mucous membrane if the condom were to tear. 8. Interview with #S23 on 8-3-11 at 1010 hours confirms the facility policy for cleaning intracavity (vaginal) probes does not match the facility practice or the manufacturer's recommendations for cleaning intracavity probes; #S23 confirms the intracavity probes are considered semicritical equipment and could come in contact with the patient's mucous membrane if the condom tore during the procedure.			
S1118	410 IAC 15-1.5-8 (b)(2) (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: (2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees. Based on observation and interview, the facility created a condition that could result in a hazard to facility staff.	S1118	S1118 The eye wash station in the boiler room was installed on 8/31/11 in the area where water testing is done with the use of caustic chemicals. Plant Operations staff	08/31/2011

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	Findings: 1 While touring the facility on 8-2-11 at 1050 hours with #S16 - #S20, it was observed that there was no eye wash in the boiler room area where water testing is done with the use of caustic chemicals. 2. Interview with #S16 and #S19 on 8-2-11 at 1050 hours confirm there is not an eye wash available in the area where water testing is done in the boiler room using caustic chemicals and that the nearest eye wash would be very difficult to reach if there were a chemical splash in the eyes.		were educated on this installation 8/31/11.	
S1168	410 IAC 150-1.5-8 (d)(3) (d) The equipment requirements are as follows: (3) Defibrillators shall be discharged at least in accordance with manufacturers recommendations and a discharge log with initialed entries shall be maintained. Based on document review and observation, the facility failed to ensure defibrillators were checked according to manufacturers guidelines for 6 units. Findings include; 1. Manufacturers guidelines for the Zoll M series defibrillator states on page 10--6:	S1168	S116 The Operator Shift Checklist for the "M" series Zoll Defibrillator will be implemented in patient care areas and checked per shift per manufacturer's guidelines. An e-mail was sent to all nursing staff and other patient care units on 8/29/11 explaining the process change. Changes will also be discussed at Nurse Practice Council and Unit Base Council at the September	08/29/2011

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	"Recommended checks and procedures to be performed at the start of each shift." The recommended checks and procedures included, but was not limited to, "C Defibrillator Multi-function cable connected to test connector: Set defib energy level to 30 joules, press SHOCK button; "TEST OK" message on Recorder." 2. During tour of the facility beginning at 10:00 a.m. on 8/2/11 Zoll M- series defibrillators were found on each unit. 3. Review of the check log for each of the defibrillators observed indicated the facility is checking the defibrillators on a daily basis. The log is titled "CRASH CART/DEFIBRILLATOR DAILY CHECK LOG."		meeting. The manager of each patient care area will ensure compliance is met. This process change will be monitored by the Director of Critical Care Services on a monthly basis.	