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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>152014 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>05/13/2015 |
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| S 0000<br><br>Bldg. 00 | <p>This visit was for a State licensure survey.</p> <p>Facility Number: 009443</p> <p>Dates: 05/12/15 to 05/13/15</p> <p>QA: cjl 06/04/15</p> <p>IDR Committee Meeting on 07-15-15; Tag S0840 deleted. JL</p>   | S 0000        |  |                      |
| S 0406<br><br>Bldg. 00 | <p>410 IAC 15-1.4-2<br/>QUALITY ASSESSMENT AND IMPROVEMENT<br/>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 interview, the quality assessment and performance improvement (QAPI) program failed to evaluate 9 directly provided services (computed tomography</p> | S 0406        | <p><b>What will be corrected:</b> The hospital's Quality Assessment and Performance Improvement Program (QAPI) now includes evaluation and monitoring of the following directly provided</p> | 06/11/2015           |

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>[CT] scanner, endoscopy, intensive care unit [ICU]/medical surgical services, infusion therapy, pharmacy, peripherally inserted central catheters [PICC], post-procedure recovery, case management, and surgical/procedural services) and 3 contracted services (biohazard waste hauler, blood bank electroencephalography [EEG]).</p> <p>Findings:</p> <p>1. Review of QAPI reports from 5/21/14 through 4/15//15 lacked evidence of program evaluation for the 9 directly provided services of CT scanner, endoscopy, ICU/medical surgical services, infusion therapy, pharmacy, PICCs, post-procedure recovery, case management, and surgical/procedural services) and the 3 contracted services of biohazard waste hauler, blood bank electroencephalography (EEG).</p> <p>2. On 5/13/15 at 2:30 pm A2, Director of Quality Management, confirmed the above 9 directly provided services as well as the 3 contracted services had not been included in QAPI evaluations.</p> |   | <p>services: · Computed tomography (CT) scanner · Endoscopy · Intensive care unit(ICU)/medical surgical services · Infusion therapy · Pharmacy · Peripherally inserted central catheters(PICC) · Post-procedure recovery · Case management · Surgical/procedural services And the following contracted services: · Biohazard waste hauler · Blood bank · Electroencephalography <b>How are we going to correct the deficiency:</b> Two quality indicators were developed for the following departments: Computed tomography (CT) scanner, Endoscopy, Intensive care unit (ICU)/medical surgical services, infusion therapy, pharmacy, Peripherally inserted central catheters(PICC), post-procedure recovery, case management, surgical/procedural services. Two quality indicators will be developed and monitored for the following contracted services: Biohazard waste hauler, blood bank, and electroencephalography. <b>How are we going to prevent the deficiency from recurring In the future:</b> The results of quality indicator compliance for the departments/services of Computed tomography scanner, endoscopy, intensive care unit/medical surgical services, infusion therapy, pharmacy, peripherally inserted central</p> |                      |   |

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| S 0554<br>Bldg. 00   | 410 IAC 15-1.5-2<br>INFECTION CONTROL<br>410 IAC 15-1.5-2(a)<br><br>(a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.<br><br>Based on document review, observation and staff interview, the facility failed to ensure that clean supply rooms and | S 0554  | catheters, post-procedure recovery, case management, surgical/procedural service and the contracted services biohazard waste hauler, blood bank, electroencephalography will be reported on at the quarterly Quality Assessment and Performance Improvement meeting and quarterly to the Organization Improvement Committee, Medical Executive committee , and Governing Board. For quality indicators from these audits found not to be in compliance an action plan with further monitoring will be developed to ensure compliance. Contracts will be reviewed annually and as necessary based on quality indicators <b>Who will be responsible for the corrections</b> : The Director of Quality Management (DQM)<br><b>By what date will the deficiency be corrected:</b> S406 was corrected as above on 6-11-2015<br><br><b>What will be corrected:</b><br><br>The hospital will provide a safe and | 05/14/2015           |   |

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|  | <p>ultra-sound (US) equipment and supplies are maintained in a manner that minimizes infection exposure in seven (7) instances.</p> <p>Findings included:</p> <p>1. Review of POLICY: IC VIII-1, Routine Daily Cleaning and Disinfection, reviewed July 2013, indicated:</p> <p>I. Policy:<br/>Hospital has an established proper procedure for daily cleaning in the hospital's patient floor, clinical support and ancillary areas.</p> <p>II. General Principles:<br/>A. All patient rooms, clinical support and ancillary areas will be cleaned daily.<br/>B. "Standard Precautions" will be observed at all times.</p> <p>2. At 1100 hours on 5/12/2015 while touring the Intensive Care, High Observation Unit, the clean supply room was observed to have a dusty floor with empty plastic bags, supply wraps and other debris on the floor. Also, there were clean packaged supplies on the floor.</p> <p>3. At 1200 hours on 5/12/2015 while touring the Step-Down unit, dust was</p> |   | <p>healthful environment that minimizes infection exposure and risk to patients, health care workers and visitors. By ensuring floors are clean and free of debris, crash cart is clean, patient rooms are cleaned after patient discharge and ready for new patient. Nutrition room will be kept clean including drawers free of crumbs, and eliminate shared supplies whenever possible such as ultrasound gel.</p> <p><b>How are we going to correct the deficiency:</b></p> <p>1. Routine Daily Cleaning and Disinfection (Policy ICVIII-1) Re-education given to -Plant Operations director on 5-14-15 policy ICVIII-1 which states the hospital has an established proper procedure for daily cleaning in the hospital's patient floor, clinical support and ancillary areas.</p> <p>2. The Intensive Care , High Observation Unit, clean supply room floor was cleaned and all debris such as plastic bags and supply wraps removed. Clean supplies found on the floor were discarded on 5-12-15.</p> <p>3. The Step-Down unit crash cart was cleaned to remove dust. The clean supply room floor was cleaned to remove dust and sticky substance, and all plastic bags and empty supply wrappings were discarded. The patient room was cleaned including the floors and</p> |                      |   |

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|  | <p>observed on the crash cart. The clean supply room had a dusty floor with plastic bags and empty supply wrappings on it. A sticky substance was also on the floor of the the room. A cleaned patient room, ready for an admission, had dust and hair on the bathroom floor edges.</p> <p>4. At 1330 hours on 5/12/2015 while touring the third floor unit, the clean supply room had dust and trash on the floor, as well as some clean supplies were on the floor.</p> <p>5. At 1405 on 5/12/2015 while touring the second floor unit, the clean supply room had dust and trash on the floor, as well as some clean supplies were on the floor.</p> <p>6. Review of POLICY: IC VIII-4, Equipment Cleaning, last reviewed April 2013, indicated:<br/><br/>PURPOSE: Equipment can serve as a vehicle for transmitting pathogens. Whenever possible there will be no shared equipment. When not possible, equipment a sleeve device will be used or equipment will be disinfected after use by clinical staff, immediately after use.</p> <p>7. At 1338 hours, while touring the third floor, an ultra-sound (US) machine and</p> |   | <p><b>floor edges on 5-12-15</b></p> <p><b>4. The third floor unit clean supply room floor was cleaned to remove dust and all trash removed. The clean supplies found on the floor were discarded on 5-12-15</b></p> <p><b>5. The second floor unit clean supply room floor was cleaned to remove dust and all trash was discarded. Clean supplies found on the floor were discarded on 5-12-15.</b></p> <p>6. Equipment Cleaning (Policy ICVIII-4)<br/><br/>Materials Manager was re-educated 5-14-15 on policy ICVIII-4 which states whenever possible, there will be no shared equipment and when not possible equipment will be disinfected immediately after use by the clinical staff.</p> <p>7. The third floor unit ultra-sound machine was cleaned and the opened container of ultrasound gel was discarded on 5-12-15.</p> <p>8. Ultrasound gel available in the clean supply room on 5-14-15 .</p> <p>9. Nutrition Room (Policy ICXIV-1)<br/><br/>Plant Operations Director was re-educated 5-14-15 on policy</p> |                      |   |

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|                    | <p>stand, used for bladder scans, was observed in the hallway. An opened container of US gel was on the stand. It was not labeled as to what the bottle contained or with a date.</p> <p>8. A3, nursing house supervisor, indicated that the bottle of gel or machine are not always routinely cleaned between patient rooms, risking the spread of infections.</p> <p>9. Review of POLICY: IC XIV-1, Nutrition Room, last reviewed April/2013, indicated in section D. room cleaning of the patient nutrition room should occur at least daily.</p> <p>10. On 5/12/2015, at 1120 hours while touring on the High Observation unit, it was observed that the pantry drawers had crumbs and dust in them. There was a sticky substance on the outside of three drawers.</p> <p>11. At 1415 on 5/12/2015, A3 confirmed the above findings.</p> |               | <p>ICXIV-1 which states meticulous care of food and equipment in this area are essential to the prevention of cross contamination.</p> <p>10. The High Observation Unit pantry drawers were cleaned of crumbs and dust and the outside of the drawers were cleaned of the sticky substance on 5-12-15.</p> <p><b>How are we going to prevent the deficiency from recurring in the future:</b></p> <p>All clean supply rooms, crash carts, ultrasound machines, pantries and ready rooms will be monitored weekly by the infection control nurse and observation of these areas have been added to the monthly environment of care/infection control rounds.</p> <p>-Compliance will be reported on at the Quality Assessment and Performance Improvement meeting and quarterly to the Organization Improvement Committee, Medical Executive committee and Governing Board. Non compliance may result in disciplinary action up to termination</p> <p><b>Who will be responsible for</b></p> |                      |

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| S 1024<br>Bldg. 00 | <p>410 IAC 15-1.5-7<br/>PHARMACEUTICAL SERVICES<br/>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 and interview, the facility failed to ensure that laboratory blood draw tubes are not expired.</p> | S 1024        | <p><b>corrections:</b> Infection control nurse</p> <p>By what date will the deficiency be corrected:</p> <p><b>S 554 was corrected as above on 5-14-15</b></p> <p><b>What will be corrected:</b></p> | 05/13/2015           |

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|                    | <p>Findings:</p> <p>1. At 1115 hours on 5/12/2015, while touring the High Observation Unit, in the clean storage room, a box of 2.7 milliliter blue tubes containing 3.2% of sodium citrate had expired 02/2015. This risks erroneous readings of co-agulation testing.</p> <p>2. A3, Nursing House Supervisor, confirmed the above findings.</p> |               | <p>The hospital will ensure that drugs and biologicals such as laboratory blood draw tubes are not expired.</p> <p><b>How will we correct the deficiency:</b></p> <p>1. The box of 2.7 milliliter blue tubes containing 3.2% of sodium citrate that had expired were discarded on 5-12-15</p> <p><b>How will we prevent the deficiency from recurring in the future:</b></p> <p>The materials management department will audit all clean storage rooms for expired supplies including laboratory blood draw tubes monthly and report compliance to the Quality Assessment and Performance Improvement meeting and quarterly to the Organization Improvement Committee, Medical Executive Committee, and Governing Board.</p> <p><b>Who will be responsible for the corrections:</b></p> <p>Materials manager</p> <p><b>By what date will the deficiency be corrected:</b></p> <p>S 1024 was corrected as above on 5-13-15.</p> |                      |