

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150089		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/14/2011	
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 UNIVERSITY AVE MUNCIE, IN 47303			
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S0000	<p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00092898</p> <p>Unsubstantiated: Lack of sufficient evidence; Deficiencies cited unrelated to the allegations.</p> <p>Date: 11/14/11</p> <p>Facility Number: 005079</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/03/12</p>	S0000					

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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S0392	<p>410 IAC 15-1.4-1(f)(2)</p> <p>(f) The governing board is responsible for services delivered in the hospital whether or not they are delivered under contracts. The governing board shall insure the following:</p> <p>(2) That the services performed under a contract are provided in a safe and effective manner and are included in the hospital's quality assessment and improvement program.</p> <p>Based on document review and interview, the governing board failed to ensure that services provided by agreement were provided in a safe and effective manner and included in the Quality Assessment and Improvement (QA&I) program.</p> <p>Findings:</p> <ol style="list-style-type: none"> The policy/procedure Department of Dietetics Infection Control Policy (reviewed 05-26-11) indicated the following: "(Maintenance) Services keeps the contract for the extermination company. " During an interview on 11-14-11 at 1230 hours, staff #A7 (Plant Operations Director) indicated that the agreement with a pest control provider was terminated at the end of 06-2011 and the current pest control provider had been providing services since 07-2011 without 	S0392	The current pest control provider is providing services under a time and materials arrangement which does not require a written agreement. A written agreement was to be developed after sufficient time and services were provided and evaluated in order to establish the scope of the agreement. A written agreement has been developed and is going through the legal review and approval process. Results of kitchen inspections by the present pest control provider were available in the maintenance department but did not specify the number or amount of products placed (Exhibit A). The number or amount of products placed was recorded on the invoice for the corresponding visit (Exhibit B). A log has been developed and implemented which will include location and number or amount (Exhibit C). Monitoring and evaluation of the safety and effectiveness of the pest control process/provider is determined by	12/13/2011			

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	<p>a written agreement. Staff #A7 confirmed that the facility lacked documentation indicating the results of kitchen inspections by the present pest control provider and that the facility lacked documentation indicating the number, amount and locations for chemical treatments applied or products placed by the pest control provider within the kitchen areas since 07-2011. Staff #A7 indicated that the Plant Operations department lacked specific and measureable standards for evaluating the safety and effectiveness of the current pest control provider through the QA&I program.</p> <p>3. During an interview on 11-14-11 at 1435 hours, staff #A1 (Director of Quality) indicated that the legal department was responsible for the contract services management and evaluation for the facility. Staff #A1 was requested to provide documentation indicating that the pest control provider was evaluated through the QA&I program using specific and measureable standards and no documentation was provided prior to exit.</p>		<p>the number of reported pest sightings (Exhibit D). This measure is reported quarterly to the Environment of Care Committee which reports to the Quality/Safety Committee. The Director of Plant Operations is responsible for monitoring compliance with documentation and evaluating safety and effectiveness of the program. On November 18, 2011, the Contract Administration Policy was revised (Exhibit E) adding an Administrator Annual Review Form (Exhibit F). On November 23, 2011, the Hospital Administrators were notified to complete their annual review of hospital contracts, which was reported to the Quality Council for inclusion in the hospital's quality assessment and improvement program on December 7, 2011, and is being reported to the Hospital governing board on its next regularly scheduled meeting of January 25, 2012. Hospital administrators are responsible for reviewing contracts in their areas of responsibility on an annual basis, or more often if necessary, to ensure that services delivered under contract are i) furnished in a manner to permit compliance with all applicable laws, rules and regulations, ii) delivered in a safe and effective manner, and iii) included in the hospital's quality assessment and improvement program. The Contract Coordinator maintains the</p>				

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			contract database, tracks the annual contract review by Administrators and aggregates data for annual report preparation (Exhibit F). The Contract Coordinator reports to the Vice President & General Counsel who is responsible for ensuring completion of the annual contract review by Administrators, reporting of same to the Quality Council for inclusion in the hospital's quality assessment and improvement program and reporting to the Hospital Board.	

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S0554	<p>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 document review and interview, the facility failed to ensure that its Department of Dietetics Infection Control Policy was followed related to rodent and pest control.</p> <p>Findings:</p> <ol style="list-style-type: none"> The policy/procedure Department of Dietetics Infection Control Policy (reviewed 05-26-11) indicated the following: " To develop and maintain clean and sanitary work areas, storage areas and equipment ... Rodent and pest control insecticide is sprayed by a commercial exterminator after thorough wet mopping of the floor weekly. " Documentation of weekly pest control inspections and treatments on display in the food services office area failed to indicate a visit by the pest control service provider between 06-29-11 and 08-28-11 for the following areas: main office, FSS office, Diet office, Dishroom, Storeroom, Trayline, Cooks Area, Salad Area, Cafeteria, and Dining Room. Following 	S0554	The pest control inspections and treatments are logged and maintained in the Maintenance Office. All documentation is obtained from the maintenance office. The Dietary department has discontinued the displaying of pest control inspections within the department and will obtain requested documentation from the maintenance department. Reports of concerns or observations are reported to the maintenance department for follow-up and corrective action which is communicated through the Environment of Care Committee to the Quality/Safety Council. Pest Control is not within the scope of the Infection Prevention Department.	12/14/2011			

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	<p>the resumption of entries by the pest control provider on 08-28-11, the document failed to indicate all kitchen areas were regularly inspected and treated each week per department policy.</p> <p>3. During an interview on 11-14-11 at 1132 hours, staff #A3 confirmed that the report failed to document pest control inspection and treatment for two months and that the facility failed to ensure that the pest control provider inspected, treated, and documented weekly thereafter. Staff #A3 indicated that the dietary services department failed to obtain reports from the pest control service provider indicating any noted concerns or observations made in the food services department by the service provider.</p> <p>4. During an interview on 11-14-11 at 1345 hours, staff #A2 indicated that the infection control service had not received any reports of concerns or observations by the current pest control provider and failed to ensure that the service provider performed and documented weekly inspections and treatments in the food services department.</p>			
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S1114	<p>410 IAC 15-1.5-8 (b)(1)</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>(1) No condition in the facility or on the grounds shall be maintained which may be conducive to the harborage or breeding of insects, rodents, or other vermin.</p> <p>Based on document review, observation and interview, the facility failed to follow its policy/procedure and ensure that a healthy environment was maintained through periodic inspection and treatment for insects and rodents in the dietary department of the hospital.</p> <p>Findings:</p> <p>1. The policy/procedure Department of Dietetics Infection Control Policy (reviewed 05-26-11) indicated the following: " To develop and maintain clean and sanitary work areas, storage areas and equipment ...Ice machines are emptied and thoroughly cleaned and sanitized every six months ...[and] ...Rodent and pest control insecticide is sprayed by a commercial exterminator after thorough wet mopping of the floor weekly. [and] (Maintenance) Services</p>	S1114	The expectation that all monitoring traps will be dated at the time of placement has been communicated to the Pest Control provider (Exhibit G). The Director of Plant Operations is responsible for monitoring compliance. The fountain dispensing cabinets are internally cleaned and maintained by the vendor. Dietetics cleans the outsides of the machines, but does not have access to the inside without vendor assistance. Had the vendor been requested, he would have come to the hospital and opened the machines. The records of the preventive maintenance process by the Vendor is provided and reported through the Environment of Care Committee quarterly and to the Quality/Safety Committee.	12/13/2011			

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	<p>keeps the contract for the extermination company. "</p> <p>2. The policy/procedure Maintenance Department Infection Control Policy (reviewed 05-26-11) indicated the following: " Ice Machines ... Inspect, disinfect, and service all machines ... Signs of insect and/or rodent infestation are referred to the (Maintenance) Department. "</p> <p>3. During a tour of the dietary department food sales area with staff #A1 and #A3 on 11-14-11 at 1120 hours, the following condition was observed: In the area including a fountain drink dispenser and adjacent ice machine, two dusty, undated yellow triangular monitoring traps were observed on the counter behind the machine. It could not be determined when the monitors were placed into service or which pest control service put out the monitors. No other pest control monitoring was observed in the food sales areas.</p> <p>4. On 11-14-11 at 1220 hours, staff #A1 and #A3 were requested to provide access to observe the interior of the fountain dispenser cabinet and the interior of the ice machine cabinet for indications of</p>						

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	<p>insect infestation and no access to observe the interior of either the fountain dispenser or ice machine was provided prior to exit from the facility.</p> <p>5. On 11-14-11 at 1400 hours, staff #A1 was requested to provide documentation of ice machine inspection and cleaning and none was provided prior to exit from the facility.</p> <p>6. Documentation of weekly pest control inspections and treatments on display in the dietary office area failed to indicate a visit by the pest control service provider between 06-29-11 and 08-28-11 for the following areas: main office, FSS office, Diet office, Dishroom, Storeroom, Trayline, Cooks Area, Salad Area, Cafeteria, and Dining Room. Following the resumption of entries by the pest control provider on 08-28-11, the documentation failed to indicate all dietary areas were regularly inspected and treated each week per department policy.</p> <p>7. During an interview on 11-14-11 at 1132 hours, staff #A3 (Food Service Manager) confirmed that the report failed to document pest control inspection and treatment for the two month period. Staff #A3 indicated that they did not receive</p>						

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	<p>reports from the pest control service provider indicating any noted concerns or observations made in the dietary department by the service provider.</p> <p>8. During a tour on 11-14-11 at 1140 hours, no evidence of recent pest control monitoring on floors and under counters and shelving was observed in the cooks areas, catering, dishroom, trayline or storeroom areas of the dietary department.</p> <p>9. The facility document Pest Sighting log failed to indicate that pest control treatment of the dietary areas was provided between 07-01-11 and 08-17-11 and weekly per policy and failed to indicate any results of inspections or number/amount and locations for products applied or placed within the dietary areas.</p> <p>10. During an interview on 11-14-11 at 1240 hours, staff #A7 confirmed that the facility lacked documentation of weekly treatments by the pest control service in the dietary areas and failed to obtain documentation of inspections and results of monitoring for the dietary departments since changing pest control providers effective July 1, 2011.</p>						

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