

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150051	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2015
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 601 W SECOND ST BLOOMINGTON, IN 47403
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S 0000 Bldg. 00	<p>This visit was for the State investigation of a complaint.</p> <p>Complaint: IN00157456 Substantiated; State deficiencies related to allegation cited and unrelated deficiencies cited.</p> <p>Date of Survey: 04-28-15</p> <p>Facility Number: 005047</p> <p>QA: cjl 05/11/15</p>	S 0000		
S 0608 Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(ix)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(ix) Requirements for personal hygiene</p>			

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>and attire appropriate for work settings.</p> <p>Based on document review, observation and interview, the infection control committee failed to ensure proper attire and personal hygiene for 2 laundry services personnel.</p> <p>Findings:</p> <p>1. Review of the Infection Control policy/procedure (P&P) IC-152 titled Laundry Facility indicated the following: Laundry personnel will follow hand washing procedure prior to entering the Finishing Side of the laundry. All Linen Services Staff member with hair longer than shoulder length must wear a hair net or secure their hair in a "bun" type style. The P&P was last revised 9/27/13.</p> <p>2. On 4/28/15 between 11:00am and 12:45pm during tour of the Linen Services area, the following was observed:</p> <p>a). Staff member (S1) entered the soiled linen cart unloading room, demonstrated the cleaning process of dirty carts by awaiting unload of a filled cart, rolling it into the wash bay and initiating the process. S1 was then followed into the clean/Finished Side of the laundry and observed packaging clean linen in plastic wrap. S1 did not wash hands prior to</p>	S 0608	<p>1. Plan of Correction (how are you going to correct the deficiency):</p> <p>(a) Re-visited with all Laundry healthcare workers (HCW) the importance of washing their hands prior to entering the finishing area of the laundry or prior to exiting the soiled areas of the laundry. The Laundry manager recognized that the HCW (S1) did not wash their hands after demonstrating how the cart wash system operates and entered the finishing/clean side of the laundry. The HCW then demonstrated wrapping the clean linen on the Seal-A-Tron. After the State inspector left the Manager discussed the violation with the HCW (S1) who immediately washed their hands and linen that was handled was rewashed. Policy IC-152 was reviewed with all HCW's in the laundry and the importance to follow all procedures in the policy including hand hygiene.</p> <p>This is for their safety, to prevent the spread of microorganisms, as well as to align us with our Infectious Control Policy IC-152. Department Meeting was held</p>	07/17/2015

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	<p>entering the Finishing Side or between functions.</p> <p>b). In the upstairs soiled linen sorting area 4 employees were observed to be sorting laundry into bins. One of the four was noted with hair in a ponytail style without a hairnet or covering. The ponytail hung down the back approximately 3" below the shoulder line.</p> <p>3. On 4/28/15 at 11:50am A7, Laundry Manager, confirmed S1 did not wash hands before entering Finishing area or before packaging clean linens. At 12:15pm A7 confirmed one of the four Soiled Linen Sorting employees was not wearing a hairnet and did have hair hanging beyond shoulder length.</p>		<p>7/8/2015 at 8:00AM for HCW's in the Laundry and Infectious Control Policy IC-152 was reviewed and attendance record documented.</p> <p>(b) All HCW's in the laundry with hair longer than shoulder length are required to wear hairnets or have their hair "styled" so that hair is at or above shoulder length on both the finishing and soiled areas of the laundry. Hairnets will be provided to the HCW's, by the employer. This is for their safety as well as to align us with our Infectious Control Policy IC-152. Department Meeting was held 7/8/2015 at 8:00AM for HCW's in the Laundry and Infectious Control Policy IC-152 was reviewed and attendance record documented.</p> <p>2. Prevention strategy (How are you going to prevent the deficiency from recurring in the future, i.e. monitoring, observation?):</p> <p>The Laundry Manager, Laundry Coordinator and Laundry Lead will observe the laundry HCW's to ensure proper Universal Precautions are being followed; personal hygiene is practiced; all</p>	

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			<p>HCW have their hair above shoulder length and all procedures outlined in our Infectious Control Policy are followed; to prevent the spread of microorganisms, for their safety and prevent any future deficiencies. In addition, regular inspections will be completed by the Hospital Infection Prevention Coordinator.</p> <p>2. Responsibility (no specific employee names, title(s) only):</p> <p>The Linen Services Manager, Linen Services Coordinator, and the Linen Services Lead will monitor the process and ensure compliance.</p> <p>3. Implementation Date (By what date are you going to have the deficiency corrected?)</p> <p>(a and b) Implementation date was on 4-29-2015. 7-8-2015 Review of Policies IC-152 and IC 153 with the Laundry HCW's</p>	

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S 0612 Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(xi)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(xi) A program of linen management for personnel involved in linen handling. Based on document review, observation, and interview, the infection control committee failed to ensure proper management of linen per policy/procedure (P&P) in storage containers/areas and failed to ensure desired water temperature were being met for 3 washers.</p> <p>Findings:</p> <p>1. Review of the Infection Control P&P IC-152 titled Laundry Facility indicated the following: All clean linen must be kept in a clean enclosed storage area or if stored in an open area the cart or shelving must remain covered. The P&P also indicated The Linen Services Maintenance TEAM and CBW Operator</p>	S 0612	<p>1. Plan of Correction:</p> <p>(a)The laundry Manager and Coordinator covered all shelving along the back wall that is used to store clean linens on 4/28/15. Department Meeting was held 7/8/2015 at 8:00AM for HCW's in the Laundry and Infectious Control Policy IC-152 was reviewed and attendance record documented. Staff was reminded that all clean linen must be covered whenever they are not directly working in the area.</p>	07/17/2015			

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	<p>check to ensure desired water temperatures are being met in each of the 8 modules of the CBW periodically throughout their shift. If our actual temperatures are not meeting our desired we immediately stop the CBW and diagnose the problem. The P&P was last revised 9/27/13.</p> <p>2. Review of the Infection Control P&P IC-153 titled Laundry Soiled Sort indicated the following: Clean linen will be kept covered upon completion prior to being placed in the holding areas. The P&P also indicated the cargo area of the laundry fleet trucks used to transport dirty and clean linen must be designated once a week. Initial and date the log book upon completion. The soiled trailer will be swept and mopped using the hospital approved disinfectant...twice a week and initial/date the log book. The P&P was approved October 2013.</p> <p>3. On 4/28/15 between 11:00am and 12:45pm during tour of the Linen Services Area, in the presence of A7, Laundry Manager, and A4, Program Manager Infection Control, the following was observed:</p> <p>a). On the back wall of the clean linen area were long open shelves with stacks of uncovered folded patient gown type linens.</p>		<p>(b) Laundry Manager and Coordinator covered the red cart located by the cart wash exit door that clean linen is stored in on 4/28/15. Department Meeting was held 7/8/2015 at 8:00AM for HCW's in the Laundry and Infectious Control Policy IC-152 was reviewed and attendance record documented. Staff was reminded that all clean linen must be covered whenever they are not directly working in the area</p> <p>(c)The outside accounts TEAM member revisited our P&P IC-152 and we now cover all goods in carts waiting be wrapped in sealed plastic on the Seal-A-Tron machine when not in use, effective date 4/29/2015. This aligns us with our Infectious Control Policy & Procedure IC-152. Department Meeting was held 7/8/2015 at 8:00AM for HCW's in the Laundry and Infectious Control Policy IC-152 was reviewed and attendance record documented. Staff was reminded that all clean linen must be covered whenever they are not directly working in the area</p> <p>(d) Log sheets were developed for the Small Washers. The operator and continuous batch washer operator or maintenance tech to log and initial</p>		

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	<p>b). Near the cart drying area in an uncovered red cart were folded patient gown type linens.</p> <p>c). Near the cart drying area in an uncovered green cart were folded towels.</p> <p>d) In the clean/Finished Linen room were 2 small washers indicated to be small washer 1 and small washer 2. In the same room was a long large machine indicated to be the CBW. In front of the CBW was a monitor type device with temperature and other indicators for the CBW.</p> <p>e). In the dirty Cart Dump Area was a clipboard with paper charts/logs hanging near the soiled cart hall. The logs were indicated to be the transport truck cleaning logs. The top page documented cleaning dates for December 2014 with the last December documented date as 12/21/14 and the next documented cleaning date as 4/26/15.</p> <p>4. On 4/28/15 at 11:20am, A7 indicated temperature logs were not kept for small washer 1 or 2 and only monthly PM (preventive maintainance) was documented. A7 indicated the washers would not operate if the desired/adequate temperatures were not being met; 150 degrees Fahrenheit for small washers with bleach and chemical specific temperatures for the CBW per vender protocol. A7 also indicated that the</p>		<p>temperatures daily to ensure they are meeting the desired wash formula temperatures. The temperatures for the CBW washer derive from the Milnor Mentor computer monitor. This will align us with our Infectious Control Policy and Procedure IC-152. The small washer operator logs the temperatures of the small washer off of the processing computer screen located on each of the two Milnor 110LB washer/extractors. Department Meeting was held 7/8/2015 at 8:00AM for HCW's in the Laundry and Infectious Control Policy IC-152 was reviewed and attendance record documented.</p> <p>(e) The Laundry Distribution TEAM members delivering clean linen and picking up soiled linen are responsible to disinfect the cargo area of the "big" linen delivery truck each week. The HCW completing the task will sign date and initial the log sheet upon completion. This procedure was re-instated on 4-26-2015. The laundry distribution team member delivering linen to our off-site customers is responsible for sweeping and disinfecting the "Small" box truck. The HCW completing the task will sign date and initial the log sheet upon completion. This procedure was re-instated on 4-26-2015. Twice a</p>	

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	<p>CBW machine would stop if the proper temperatures according to specific chemical in use were not being met. At 12:00pm, A7 confirmed the back wall shelves contained patient gowns/linens that were not covered and indicated the curtain for the area had recently broke. A7 also confirmed the red and green carts contained patient use linens, were not covered and that facility P&P did require clean linens to be covered. At 12:40pm, A7 confirmed the truck cleaning logs lacked documentation of cleaning between 12/21/14 and 4/26/15. A7 indicated the process was likely completed and just not documented. At 4:30pm, A7 confirmed temperature documentation was not available for small washer 1 & 2, or the CBW. No further documentation was provided prior to exit.</p>		<p>week the Laundry Manager or Laundry Coordinator will assign a HCW from the finishing/clean side of the laundry to sweep and mop the soiled trailer with a hospital approved disinfectant and initial/date the log sheet in accordance with the IU Health Bloomington Infectious Control P&P IC-153. Effective 4-28-2015. Department Meeting was held 7/8/2015 at 8:00AM for HCW's in the Laundry and Infectious Control Policy IC-152 was reviewed and attendance record documented.</p> <p>2. Prevention strategy:</p> <p>(a) The Laundry Manager, Laundry Coordinator and Laundry Lead will observe that all clean linen on Shelves remain covered at all times when the HCW isn't stocking them or taking linen item(s) from them. This aligns us with our Infectious Control Procedure and Policy IC-152 and helps provide hygienically clean linen to our patients and customers.</p> <p>(b) The Laundry Manager, Laundry Coordinator and Laundry Lead will observe that the red small cart by the Seal-A-Tron</p>	

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			<p>wrapping machine is kept covered at all times when the HCW is not working from the cart. This aligns us with our Infectious Control Procedure and Policy IC-152 and helps provide hygienically clean linen to our patients and customers.</p> <p>(c) Laundry Manager revisited our P&P IC-152 with the HCW's responsible for wrapping our linen items for the off-sites and we now cover all goods in carts waiting to be wrapped in sealed plastic on the Seal-A-Tron machine when not in use; effective date 4/29/2015. This aligns us with our Infectious Control Procedure and Policy IC-152 and helps provide hygienically clean linen to our patients and customers.</p> <p>(d) The Laundry Manager, laundry Coordinator or Laundry Lead will monitor the developed temperature log sheets on both CBW and both Small washers to ensure temperatures are logged while machines are in use. This aligns us with our Infectious Control Procedure and Policy IC-152 and helps provide hygienically clean linen to our patients and customers.</p>	

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			<p>(e) The Laundry Manager, Laundry Coordinator, or Laundry Lead will monitor the log sheets to ensure that both the 'Big" and "Small" laundry cargo areas of the trucks are being swept and mopped with a hospital approved disinfectant once a week. This will help to reduce the risk of spreading microorganisms; align us with our Infectious Control Policy IC-153 and help provide hygienically clean linen to our patients and customers.</p> <p>3. Responsibility:</p> <p>Linen Services Manager, Linen Coordinator and Linen Services Lead are responsible for ensuring compliance with the regulation. In addition, the infection Prevention Coordinator from the Hospital will be rounding at the facility.</p> <p>4. Implementation Date:</p> <p>(a) All deficiencies were corrected on 4/28/15.</p> <p>(b) The policy/process was reviewed with staff at a department meeting on 7/8/15.</p>	

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S 1150 Bldg. 00	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (c)(9)</p> <p>(c) In new construction, renovations and additions, the hospital site and facilities, or nonlicensed facilities acquired for the purpose of providing hospital services, shall meet the following:</p> <p>(9) All back flow prevention devices shall be installed as required by 327 IAC 8-10 and the current edition of the Indiana plumbing code. Such devices shall be listed as approved by the department.</p> <p>Based on observation and interview, the facility failed to install a back flow prevention device on a hose connected to a spigot of a laundry tub/sink.</p> <p>Findings:</p> <p>1. On 4/28/15 at 12:15pm in the presence of A7, Laundry Manager, in the Soiled Linen Sorting room a large wash tub style sink was observed with a green rubber hose attached to the spigot without evidence of a back flow prevention device.</p> <p>2. On 4/28/15 at 12:15 A7 confirmed a back flow preventer was not installed on the above spigot/hose or water source.</p>	S 1150	<p>1. Plan of Correction:</p> <p>The hose on the wash tub styled sink in the soiled sorting area was removed on 4-28-2015 until the back flow preventer could be ordered/installed. The piece of equipment was ordered and subsequently installed on 7-6-2015.</p> <p>1. Prevention strategy:</p> <p>The Linen Services Maintenance</p>	07/17/2015

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S 1166 Bldg. 00	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8(d)(2)(C)</p> <p>(d) The equipment requirements are as follows: (2) There shall be sufficient equipment and space to assure the safe, effective, and timely provision of the available services to patients, as follows:</p> <p>(C) Appropriate records shall be kept pertaining to equipment maintenance, repairs, and current leakage checks. Based on observation, document review and interview, the facility failed to keep appropriate records of preventive</p>	S 1166	<p>Technician will ensure the back flow preventer remains on the sink through observation.</p> <p>1.Responsibility: The Linen Services Maintenance Technician</p> <p>1.Implementation Date: Completed 7-6-2015</p> <p>Plan of Correction:</p>	07/17/2015

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	<p>maintenance for 4 pieces of Linen Services equipment (2 small washers and 1 laundry scale).</p> <p>Findings:</p> <p>1. On 4/28/15 between 11:00am and 12:45pm during tour of the Linen Services Area in the presence of A7, Laundry Manager, and A4, Program Manager Infection Control, the following was observed: In the clean/Finished Linen room were 2 small washers indicated to be small washer 1 and small washer 2. In the same room was a long large machine indicated to be the CBW. In a clear windowed type room behind small washers 1 & 2 was a large basket type scale. The scale with the empty basket indicated 10 lb.</p> <p>2. On 4/28/15 at 12:00pm A7 indicated PM and/or calibration was not performed on the laundry scale.</p> <p>3. Review of the small washer(s) manufacturer manual indicated daily, weekly, and monthly inspections/tasks to be performed according to the Preventive Maintenance Checklist and review of the CBW manufacturer manual indicated daily, weekly, and monthly inspections/tasks to be performed according to page 26 titled Preventive</p>		<p>1. A preventative maintenance ticket was developed in our TMS Client software program system to calibrate the basket type scale once a month according to manufactures recommendations. The TMS Client system generates monthly PM tickets which are printed off by a facilities maintenance team member from IUH Bloomington Hospital and sent to the Laundry via inter-departmental mail. Upon completion of the PM ticket the Linen Services Maintenance Technician will electronically enter the PM ticket as completed. The PM ticket process will be developed/implemented by 7-17-2015.</p> <p>2. The preventative maintenance tickets for the CBW and both small washers have been updated to include daily, weekly, monthly, bi-annual and annual maintenance procedures according to the manufactures recommendations. The recommendations were found in the service manuals of CBW (Continuous Batch Washer) small washers (two 110# washer extractors). The updates were completed by May 15, 2015.</p> <p>3. The preventative Maintenance</p>	

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	<p>Maintenance for Continuous Batch Washers.</p> <p>4. Review of documentation from 11/1/14 to 4/28/15 titled Scheduled PMs completed or Active by Tech in Date Range indicated monthly PM completed for one small washer (asset # 1109-046) on the following dates: 11/1/14, 3/1/15, 4/1/15, and 5/1/15 and for the continuous batch washer (CBW) on 3/1/15, 4/1/15, and 5/1/15. The documents lacked evidence of PM for any other small washer or laundry scale.</p> <p>7. On 4/28/15 at 4:30pm A7 confirmed daily and weekly PM documentation was not available for small washer 1 & 2, or the CBW. A7 indicated schedule dates on the document titled Scheduled PMs completed or Active by Tech. in Date Range show dates PM was performed. No further documentation was provided prior to exit.</p>		<p>tickets for the CW and both small washers include daily, weekly, monthly, bi-annual and annual maintenance procedures in accordance with the manufacture recommendations. The recommendations were found in the service manuals of CBW (Continuous Batch Washer) and the two small washers (two 110 lb. washer extractors). The updates were completed 5/15/15.</p> <p>4. The monthly PM tickets for the CBW dated 3/1/2015, 4/1/2015 and 5/1/2015 were completed but not entered into the TMS Client system correctly; thus the documentation was not available for the surveyor on April 28, 2015. IU Health Bloomington Linen Services Department did not have a Maintenance Technician during this time and the PM tickets were completed and entered by the Linen Services Manager. The Manager did receive training on May 6, 2015 and understands how the PM tickets are to be entered correctly to avoid any future deficiencies. The TMS Client system generates monthly PM tickets which our printed off by a Facilities Maintenance team member from IUH Bloomington Hospital and sent to the Laundry via inter-departmental mail. Upon completion of the PM ticket the Laundry maintenance tech will electronically enter the PM ticket</p>	

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			<p>as completed. We have not been able to identify why the PM ticket for the CBW dated 11/1/2015 was not entered into the TMS system. The Linen Services Manager will monitor all monthly PM tickets to ensure they are completed to ensure we do experience future deficiencies.</p> <p>4. The PM tickets for the CBW dated 11/1/2014, 3/1/2015, 4/1/2015 and 5/1/2015 have been updated in the TMS Client software program to show as completed by the IU Health Facilities Administrative Coordinator by 7/1/2015.</p> <p>1. Prevention strategy:</p> <p>The Laundry Manager will monitor the completion of all monthly PM tickets.</p> <p>2. Responsibility (no specific employee names, title(s) only):</p> <p>Laundry Maintenance Tech is responsible to complete all monthly PM tickets and electronically enter them into the</p>	

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			<p>TMS Client system. The laundry manager is responsible to monitor the completion of the PM tickets to ensure they were completed and entered in to the TMS client system.</p> <p>3. Implementation Date (By what date are you going to have the deficiency corrected? Specific date within 30 days; if needs to be phased in, the plan must be written in incremental 30 day phases):</p> <p>1. The PM ticket will be developed for the basket type scale and entered into the TMS Client computer system by July 17, 2015.</p> <p>1. The PM ticket will be developed for the basket type scale and entered into the TMS Client computer system by July 17, 2015.</p> <p>1. Updated the PM tickets for the CBW and both small washers to include daily, weekly, monthly, bi-annual and annual maintenance procedures according to the manufactures recommendations. The</p>	

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S 1172 Bldg. 00	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8(e)(1)(A)(B)(C)</p> <p>(e) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, shall be kept clean and orderly in accordance with current standards of practice as follows:</p> <p>(1) Environmental services shall be provided in such a way as to guard against transmission of disease to patients, health care workers, the public, and visitors by using the</p>		<p>recommendations were found in the service manuals of CBW (Continuous Batch Washer) small washers (two 110# washer extractors). The updates were completed by May 15, 2015.</p> <p>1. Manager was trained on how to enter PM tickets correctly on 5/6/2015 to prevent any future deficiencies.</p> <p>1. The PM tickets for the CBW dated 11/1/2014, 3/1/2015, 4/1/2015 and 5/1/2015 were updated in the TMS Client software program to show as completed by the IU Health Facilities Administrative Coordinator by 7/1/2015.</p>	

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	<p>current principles of the following:</p> <p>(A) Asepsis (B) Cross-infection; and (C) Safe practice.</p> <p>Based on document review, observation, and interview, the hospital failed to maintain a clean environment in two rooms of the Linen Services Area.</p> <p>Findings:</p> <p>1. Review of the Infection Control policy/procedure (P&P) IC-152 titled Laundry Facility indicated the following: The Finishing Side floor area in front of each linen folding machine will be disinfected daily. The rest of the floor space will be swept daily and mopped. The P&P was last revised 9/27/13.</p> <p>2. Review of the Infection Control P&P IC-153 titled Laundry Soiled Sort indicated the following Housekeeping Procedures: Blow down lint once a quarter. Coordinate blow down with the finishing side. The P&P further indicated the following for the Soiled Sort and Conway Area: Handle soiled or contaminated linen as little as possible and with minimum agitation to prevent gross microbial contamination of the air, surfaces and of persons handling the linen. The P&P was approved October 2013.</p>	S 1172	<p>Plan of Correction:</p> <p>1. A log sheet was developed on 4/29/15 to be completed daily to disinfect in front of all finishing equipment. A log sheet was also developed on 4/29/15 to be completed daily that the rest of the finishing/clean side laundry floor be swept and mopped daily. This does align us with IU Health Bloomington's P&P IC-153.</p> <p>2. A log sheet was developed for blow downs / lint removal from the ceiling to be completed on a quarterly basis per policy. The blow down includes both the soiled side and the finishing side/clean side of the laundry. The log sheet was developed on May 9, 2015 and the blow down was completed on that day. This does align us with IU Health Bloomington's P&P IC-153.</p> <p>3. (a) The Laundry Manager did confirm that the vent screens on the upper right hand corner of small washer number 2 and the</p>	07/17/2015

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	<p>3. On 4/28/15 between 11:00am and 12:45pm during tour of the Linen Services Area, in the presence of A7, Laundry Manager, and A4, Program Manager Infection Control, the following was observed:</p> <p>a). In the Clean/Finished Linen room covering the vent type screens at the upper top right (facing) corner of small washers 1 and 2 was heavy amounts of dark colored wet lint appearing material and brownish colored liquid type stains running down the front of each unit directly below the vent.</p> <p>b). Against the far wall beside the folding machines was a heavy white lint build up clinging to the wall and atop objects against the wall. In that same area heavy dust globules were noted on the floor and in corners.</p> <p>4. On 4/28/15 at 11:20am, A7 confirmed wet lint build up covering vents of washers 1 & 2, noting likely due to over sudsing. A7 further indicated the Finished Linen Area is expected to be cleaned daily with deeper/more thorough cleanings and lint removal periodically.</p>		<p>upper left hand corner of small washer number 1 were covered with heavy lint build up and soap deposits. There were also brownish colored stains running down the front of both washers under the vent type screens. The vent screens on both small washers were removed and cleaned on 4-29-2015 by the Laundry Manager and 2 HCW's from the Environmental Services Department. The brownish stains were also cleaned.</p> <p>(b) The Laundry Manager also confirmed that against the far wall beside the finishing machines was a heavy white lint build up clinging to wall and atop of objects against the wall. In that same area heavy dust globules were noted on the floor and in corners. The lint from finishing/clean side floor was swept/vacuumed and mopped on 4-29-2015.</p> <p>Prevention strategy:</p> <p>1. The Laundry Manager will monitor that the log sheet is completed daily to that the floor mats in-front of each piece of finishing equipment is disinfected. The Laundry manager will monitor to ensure the log sheet is completed daily that the rest of</p>	

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			<p>the finishing / clean side laundry floor is swept and mopped daily; this does align us with IU Health Bloomington's P&P IC-153. A Department Meeting was held 7/8/2015 at 8:00AM for HCW's in the Laundry and Infectious Control Policy IC-153 was reviewed and attendance record documented.</p> <p>2. The Laundry Manager will monitor blow down log sheet is completed quarterly for both the soiled sort area and finishing side areas of the laundry; this does align us with IU Health Bloomington's P&P IC-153 effective May 9, 2015.</p> <p>3. The Laundry Manager will monitor the vent screens on the small washers and the front of the washers in order to ensure that they are kept clean and free of stains.</p> <p>Responsibility:</p> <p>1. The LHCW (Laundry Health care worker) operating the Conway is responsible for disinfecting the floor mats in front of each piece of finishing</p>	

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			<p>equipment on a daily basis and logging that it was completed.</p> <p>2. LHCW's will be assigned quarterly by the Laundry Coordinator to blow the lint down from the ceiling to the floor. The Laundry Maintenance Tech will keep the log sheet and let the Laundry Coordinator know when the next blow down is required.</p> <p>3. a. The Laundry Maintenance Tech will remove and clean the vent screens on both small washers as needed. The LHCW operating the small washers will clean the front of the small washers as needed.</p> <p>b. All LHCW's will be responsible for sweeping and mopping the finishing/clean side floor daily. The Laundry Coordinator will complete the log sheet.</p> <p>Implementation Date:</p> <p>1. Processes were put into place on 4-29-2015 to complete daily cleaning and disinfection of all finishing equipment and the</p>	

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			<p>sweeping and mopping of all areas of the laundry.</p> <p>2. The bow down was completed on May 9, 2015 and the log was completed.</p> <p>3. The vent screens on both small washers were removed and cleaned on 4-29-2015. The front of the washers under the vent screens were cleaned on 4-29-2015.</p> <p>4. The Laundry finishing / clean side was swept (vacuumed where needed) and mopped on 4-29-2015 and has been completed daily and logged since 4-29-2015.</p>		