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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150012 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/09/2013 |
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| NAME OF PROVIDER OR SUPPLIER SAINT JOSEPH REGIONAL MEDICAL CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 5215 HOLY CROSS PKWY MISHAWAKA, IN 46545 |
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| S000000 | <p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005012</p> <p>Survey Date: 05/6, 7, 8 & 9/2013</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith, Medical Surveyor</p> <p>QA: claughlin 05/17/13</p> | S000000 | | |

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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| S001118 | <p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (b)(2)</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>(2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on document review, observation, and staff interview, the facility failed to ensure no condition was maintained which may result in a hazard to patients, public, or employees related to availability of emergency eye wash stations in 1 of 1 GI (Gastrointestinal Endo Lab Scope Reprocessing Room {Green Room}) area toured.</p> <p>Findings: 1. Material Safety Data Sheet for Asepti-Zyme Multi Enzymatic Detergent dated 8/24/11, was reviewed on 5/8/13 at approximately 12:45 PM, and indicated on pg. 2 under First Aid Measures, "Product as sold ...Eye Contact: in case of contact, immediately flush eyes with plenty of water. Remove contact lenses and flush again. Get medical attention if irritation persists ...Product at use dilution ...No known effect after eye contact.</p> | S001118 | An eywash station was installed on 5/8/2013 and the installation of the eywash station was completed by 6 PM the evening of the finding by the Facilities department. The person responsible for the oversight of the installation is the Director of Facilities. The eywash station policy was reviewed and remains current. The Endo staff had already had an eywash station in the department and are familiar with the policy and checks. The Endo staff are completing weekly eyewash station checks for both labs. The eyewash station checks are monitored by the EOC committee rounds which are completed biweekly. Each clinical department is reviewed once a quarter in the rounds. The EOC round findings are reported at the EOC committee monthly. | 05/09/2013 | | | |

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| | <p>Rinse with water for a few minutes."</p> <p>2. Asepti-Zyme Multi Enzymatic Detergent label was reviewed on 5/8/13 at approximately 12:10 PM and indicated, " Caution! May cause eye and skin irritation ...First Aid, eye contact: in case of contact, immediately flush eyes with plenty of water. Remove contact lenses and flush again. Get medical attention if irritation persists. "</p> <p>3. While on tour 5/8/13 at approximately 11:47 AM, in the company of personnel P16, P36 P37, and P38 the following was observed in the GI Endo Lab Scope Reprocessing Room (Green Room) between procedure rooms 1 and 2:</p> <p>A. personnel use Asepti-Zyme Multi Enzymatic Detergent to disinfect endoscopes after procedure completion and prior to placing in sterilizer.</p> <p>B. in order to access the emergency eye wash station located across the hallway in procedure room 4, personnel may have to either:</p> <p>a. exit the Green Room via one of three closed doors and walk approximately 25 feet through procedure room 1 and through another door, which may be closed or open. Turn slightly right into the main hallway and walk approximately 5 feet, entering to the left into procedure room 4 through a door,</p> | | | |

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| | <p>which may be closed or open. Then walk approximately 25 feet across procedure room 4 and through another door, which may be closed or open and to the right approximately 4 feet to the sink with the attached emergency eye wash station.</p> <p>b. exit the Green Room via one of three closed doors and walk approximately 25 feet through procedure room 2 and through another door, which may be closed or open. Turn left into the main hallway and walk approximately 20 feet, entering to the right into procedure room 4 through a door, which may be closed or open. Then walk approximately 25 feet across procedure room 4 and through another door, which may be closed or open and to the right approximately 4 feet to the sink with the attached emergency eye wash station.</p> <p>4. Personnel P36 was interviewed on 5/8/13 at approximately 12:10 PM, and confirmed the emergency eye wash station was not located in the GI Endo Lab Scope Reprocessing Room (Green Room), but was located off of procedure room 4 with possible obstacles (closed and/or multiple doors and turns) to personnel trying to gain access to it. Personnel are using a product to pre-clean used endoscopes that requires rinsing of the eyes with plenty of water if contact with eyes is made.</p> | | | |

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