

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150044	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1850 STATE ST NEW ALBANY, IN 47150
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

S0000	<p>This visit was for a State licensure survey.</p> <p>Facility #: 005040</p> <p>Survey Dates: 01-23/25-12</p> <p>Surveyors:</p> <p>Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>Ken Ziegler Laboratorian</p> <p>QA: cloughlin 02/01/12</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150044		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/25/2012	
NAME OF PROVIDER OR SUPPLIER FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 1850 STATE ST NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
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 observation, document review and interview, the facility failed to ensure it provided an environment that minimized risk to patients on 1 of 2 critical care departments and radiology department.</p> <p>Findings include:</p> <ol style="list-style-type: none"> During tour of the Cardiovascular care unit (CVCU) beginning at 1:30 p.m. on 1/24/12, the following expired items were observed in the emergency procedure cart: <ul style="list-style-type: none"> (A) 1 of 1 thoracentesis kit with an expiration date of 7/11. (B) 1 of 1 chest drain kit with an expiration date of 7/11. (C) One (1) 1,000 ml container of sterile water for irrigation with an expiration date of January 1, 2012. While touring the radiology department on 1-24-12 at 1020 hours with B#23 and B#7, B#8, and B#3, it was observed that the intra-cavity ultrasound probes were disinfected using Cidex OPA 14 day solution. Review of facility policy titled CIDEX OPA on 1-24-12 indicated the following: 	S0554	<p>Response for expired items in CVOR:Responsible Party: Manager of Cardiovascular Services1. Identified who is responsible for maintaining supplies and par levels in the carts and cabinets in CVOR between CVOR staff and Supply Chain Management. 2. A list of items with Par levels was established for each of the carts and cabinets the CVOR staff is responsible for maintaining. (see exhibit A)3. These areas will be checked weekly on Fridays.4. The 2 RN's on call on Friday will be responsible for checking the 2 roll-around carts in each of the rooms. 5. The orderly will be responsible for checking the CVOR inventory in the Medication Prep room and wall cabinets in each of the CVOR rooms. 6. If the orderly or the on call RN's are not working on Friday- they are responsible to find a replacement. 7. Any expired products will be removed from the area and replaced with non-expired products to meet our par levels. 8. There will be a signature sheet for the responsible parties to sign each week regarding expiration dates checked and correct par levels.</p>	02/07/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150044		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/25/2012	
NAME OF PROVIDER OR SUPPLIER FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 1850 STATE ST NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>5. Cidex OPA will be poured into the container marked Cidex. This date will be recorded on the log sheet and will be replaced after 14 days of use. 6. Cidex OPA will be monitored before each use utilizing the test strips. This will be recorded on the log sheet. If solution doesn't meet requirements or 14 days has passed, the solution will be replaced.</p> <p>4. Review of the facility's Cidex OPA Solution Log Sheet on 1-24-12 lacked evidence that the solution was changed every 14 days between 9-4-11 and 10-5-11, 31 days.</p> <p>5. Review of the manufacturer's direction for the use of Cidex OPA on 1-24-12 indicated the following: Do no reuse beyond 14 days or sooner as indicated by Cidex OPA Solution Test Strips.</p> <p>6. Interview with B#23 on 1-25-12 at 1120 hours confirmed the Cidex OPA Solution Log Sheet lacks documentation that the Cidex OPA 14 day solution was changed every 14 days per facility policy and the manufacturer's directions during the period of 9-4-11 to 10-5-11, a total of 31 days.</p>		<p>Managers will audit signatures sheets monthly to ensure they are accurate and complete. (see exhibit B)9. This process will begin on Friday Feb. 3, 2012. 10. State findings were discussed and new process for checking for outdated supplies was reinforced during department meeting of 2/7/2012. (see exhibit C)Response for Cidex Citation: Responsible Party: Manager of Radiology Services1. Change the log sheets to include a column for the technologist to record Cidex changes and/or Test Strip change. (see exhibit A)2. Log Sheets will be verified by the supervisor and/or appointed person. Radiology manager will audit these once monthly to ensure they are accurate and complete.3. Re-education during next unit meeting, to the staff regarding policy and procedure for Cidex with signatures upon completion of education. (see exhibit B)4. Additional re-education took place by a "read and sign" of all ultrasound staff with regards to Cidex policy. (see exhibit C).</p>				