

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151313	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2014
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NAME OF PROVIDER OR SUPPLIER WOODLAWN HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E 9TH ST ROCHESTER, IN 46975
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(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
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 005098</p> <p>Survey Date: 06/02/14 through 06/03/2014</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: cloughlin 06/09/14</p>	S000000		
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</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>hazard to patients, public, or employees.</p> <p>Based on observation and staff interview, the laboratory failed to ensure that no condition was created which may result in a hazard to patients or employees in 2 instances.</p> <p>Findings include:</p> <ol style="list-style-type: none"> During laboratory tour on 6-2-14 between 1:15 PM and 2:15 PM, while accompanied by Staff Member #L4, the following hazardous conditions were observed: <ol style="list-style-type: none"> Two biohazard waste cans, one stored in front of the eye wash station and one stored under the safety shower. The eye wash station and safety shower were inaccessible for use. Three "T-Lok Bone Marrow" trays, lot number: "22372DGI," expiration date: "2014-01." One "T-Lok Bone Marrow" tray, lot number: "21912CSG," expiration date: "2013-03." In interview on 6-2-14 between 1:15 PM and 2:15 PM, Staff Member #L4 acknowledged there were biohazard waste cans stored in front of the eye wash station and safety shower. Staff Member #L4 also acknowledged there were three bone marrow trays that expired in 	S001118	<p>Tag: S1118 Person Responsible: Rita Ault, Director, Laboratory Services. Completion Date: 6/18/2014</p> <ol style="list-style-type: none"> The bone marrow trays that were outdated have been removed from use and discarded. Bone marrow trays have been added to the checklist of monthly outdate checks and all supplies of this type are being checked monthly. Bone marrow trays had been inadvertently left off of the previous checklist. I have attached the checklist completed for June. There had been two waste cans near the shower, we have reduced this to one with more frequent emptying cycles thus the shower and eye wash station are no longer blocked. The single remaining waste can has been placed on a base with wheels so it can be very quickly and easily removed from the area should there be any need to do so. 	06/18/2014

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	January of 2014 and one bone marrow tray that expired in March of 2013.				