

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 03/19/2013
NAME OF PROVIDER OR SUPPLIER WOODLAWN HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E 9TH ST ROCHESTER, IN 46975		
(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	
S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005098</p> <p>Survey Date: 03/18 & 19/2013</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: cloughlin 04/02/13</p>	S000000	Acknowledged.		

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 personnel interview, the facility failed to provide a functional and safe environment that will not result in a hazard to employees related to availability and/or maintenance of emergency eye wash stations in 2 of 6 (Soiled Utility Room in Surgical Hallway and Procedure Room in Pre/Post Op) areas toured.</p> <p>Findings:</p> <p>1. Safety Data Sheet for Pre-Klenz, was reviewed on 3/19/13 at approximately 11:55 AM, and indicated on pg. 1 under First Aid Measures, "Eye Contact: Immediately flush eyes with plenty of water for at least 15 minutes. If irritation develops contact a physician."</p> <p>2. While on tour 3/19/13 at approximately 11:45 AM, in the company of personnel P17, P18, and P21 the</p>	S001118	<p>Person Responsible: Mike Perdue, Chief Safety Officer, Director of Maintenance. A portable eye wash station was ordered on 4/11/13 and installed on 4/15/13 in the surgery soiled utility room. The eye wash station in the procedure room was repaired on 3/20/2013 so that water flows evenly and gently from both sides of the eye wash station. All eye wash stations have been added to the monthly facility PM schedule and will be checked and tested monthly for proper functioning.</p>	04/15/2013			

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	<p>following was observed in the:</p> <p>A. Soiled Utility Room in the Surgical Hallway:</p> <p>a. personnel use Pre-Klenz to disinfect surgical equipment after surgery and prior to transport to the Decontamination Area for sterilizing.</p> <p>b. the only sink in the room was obstructed by a large supply cart and a bag of clean mop heads hanging in a bag in front of the sink.</p> <p>c. in order to access either of the two emergency eye wash stations, personnel may have to:</p> <p>i. walk through the door of the Soiled Utility Room in the Surgical Hallway, turn left and walk approximately 15 feet and turn right through a door, then walk approximately 30 feet down a hallway and through another door, then walk approximately 10 feet and turn right through the door of another soiled utility room where instruments are decontaminated.</p> <p>ii. walk through the door of the Soiled Utility Room in the Surgical Hallway, turn left and walk approximately 15 feet through a set of closed double doors, then turn left and walk approximately 40 feet down a hallway and go through the door of the Procedure Room where the eye wash station is on the left.</p> <p>B. Procedure Room in Pre/Post Op area,</p>			
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	<p>when the eye wash station is turned on, the right side is not flowing strongly enough to rinse the eye.</p> <p>3. Personnel P21 was interviewed on 3/19/13 at approximately 11:50 AM, and confirmed the emergency eye wash stations were not located close to the Soiled Utility Room in the Surgical Hallway, with possible obstacles (closed and/or multiple doors and turns) to personnel trying to gain access to them. Personnel are using a product to pre-clean used surgical instruments that requires rinsing of the eyes for at least 15 minutes if contact with eyes is made. Also, the eye wash station in the Procedure Room in the Pre/Post Op area is not working fully on the right side.</p>			