STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150176	A. BUILDING 00 B. WING	11/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENTUCKIANA MEDICAL CENTER LLC	4601 MEDICAL PLAZA WAY CLARKSVILLE, IN 47129

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S 0000 Bldg. 00	This visit was for investigation of a state licensure hospital complaint. Complaint Number: IN00227341 Substantiated: Deficiencies related to the allegations are cited. Survey Date: 11/7/18 Facility Number: 011788 QA: 11/27/18	S 0000		
S 0536 Bldg. 00	410 IAC 15-1.5-1 DIETETIC SERVICES 410 IAC 15-1.5-1 (d)(1)(2)(3) (d) Menus shall meet the needs of the patients as follows: (1) Therapeutic diets shall be prescribed by the practitioner responsible for the care of the patient. (2) Nutritional needs shall be met in accordance with recognized dietary standards of practice and in accordance with the orders of the responsible practitioner. (3) A current therapeutic diet manual approved by the dietitian and medical staff shall be readily available to all medical, nursing, and food service personnel. Based on document review and interview, the facility failed to ensure eight of ten patient diets (P1, P2, P5, P6, P7, P8, P12 and P13) were	S 0536	Plan of Correction: 2(a)(b)(c)(d)(e)(f)(g). The medical record indicates	12/29/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	provided in accordance with physician orders. Findings include: 1. The policy, "Diet Orders", Document #: DVD, updated 3/30/18, read: "Dietary Department will be notified of all diet orders for all patients. All patient diets must follow the Indiana Diet Manual and be ordered by physician." 2. Review of medical records (MR) and the physician orders for diets indicated the following: A. Patient P1 was admitted on 2/11/17 and released on 2/14/17. The diet was ordered on 2/11/17 as Healthy Heart and changed on 2/11/17 to Healthy Heart Diabetic. The MR lacked documentation, between 2/11-14/17, that either a Healthy Heart or Healthy Heart Diabetic diet had been received by the patient. The patient's menu request was used to deliver meals; however, only a time of delivery and not a delivery date was present on the menu ticket. B. Patient P2 was admitted on 2/20/17 and released on 2/24/17. The diet was ordered on 2/23/17 (three days after admission) for a Clear Liquid diabetic diet and was later changed on 2/23/17 to a diabetic diet. The MR lacked documentation that, between 2/20-24/17, either a Clear Liquid diabetic or a diabetic diet had been received by the patient. The patient's menu request was used to deliver meals; however, only a time of delivery and not a delivery date was present on the menu ticket. C. Patient P5 admitted on 3/29/17 and released on 4/07/17. The diet was ordered on 3/30/17 as Tube Feeding and changed on 4/03/17 to a Healthy Heart diet. The MR lacked documentation that, between 3/29-4/07/17, either tube feeding or a Healthy Heart diet had been received by the patient. The patient's menu request was used to deliver meals; however, only		documentation of diet type, feeding assistance, oral intake amount, and percentage consumed of breakfast, lunch, and dinner. (Attachment #1). Since the date of survey, all menu tickets now also include the delivery date. (Attachment #2) All menu tickets will be maintained electronically for a period of no less than three (3) years by the Dietary Manager. 3. The patient menu tickets have been updated to include documentation for FIN number, date of delivery, time ordered and delivered, the room number, and what meals/foods were provided. (Attachment #2) 4. The patient menu tickets have been updated to include documentation for FIN number, date of delivery, time ordered and delivered, the room number, and what meals/foods were provided. (Attachment #2) Responsible: The Dietary Manager will be responsible for maintaining the electronic records of patient menu tickets. The Chief Operating Officer will have the overall responsibility for completeness of the process as well as compliance with all policies and procedures.	

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	a time of delivery and not a delivery date was present on the menu ticket. D. Patient P6 was admitted on 4/13/17 and released on 4/17/17. The diet was ordered on 4/13/17 as a Healthy Heart diet. The MR lacked documentation that, between 4/13-17/17, a Healthy Heart diet had been received by the patient. The patient's menu request was used to deliver meals; however, only a time of delivery and not a delivery date was present on the menu ticket. E. Patient P7 was admitted on 11/06/18 and was still an in-patient. The diet was ordered on 11/06/18 as a Regular diet. The MR lacked documentation that, between 11/06/18 to the present date (11/7/18), a Regular diet had been received by the patient. The patient's menu request was used to deliver meals; however, only a time of delivery and not a delivery date was present on the menu ticket. F. Patient P8 was admitted on 11/05/18 and still an in-patient. The diet was ordered on 11/05/18 as a Regular diet. The MR lacked documentation that, between 11/05/18 to the present date, a Regular diet had been received by the patient. The patient's menu request was used to deliver meals; however, only a time of delivery and not a delivery date was present on the menu ticket. G. Patient P12 admitted on 2/12/17 and released 2/15/17. The diet was ordered on 2/12/17 as a Diabetic diet. The MR lacked documentation that, between 2/12-15/17, a diabetic diet had been received by the patient. H. Patient P13 was admitted on 1/18/17 and released 1/27/17. The diet was ordered on 1/18/17 as a Heart Healthy diet. The MR lacked documentation that, between 1/18-27/17, a Heart Healthy diet had been received by the patient. The patient's menu request was used to deliver meals; however, only a time of delivery and not a			

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	delivery date was present on the menu ticket. 3. Review of facility kitchen documents for patient menus lacked documentation of patient identification by name or medical record number, lacked documentation of dates on which meals/diets were provided and lacked documentation of what meals/foods were provided. 4. In interview on 11/07/18 at 11:40 a.m., A6, Dietary/Kitchen Manager, acknowledged that kitchen documents provided for review for each of the above listed eight patients (P1, P2, P5, P6, P7, P8, P12 and P13) were copies of patient menu selections identified only by room number and that each lacked documentation of delivery date and what foods were provided.			
S 0554 Bldg. 00	410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(a) (a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors. Based on document review, observation and interview, the hospital failed to ensure that a safe and healthful environment that minimizes infection exposure and risk was provided in six areas of one facility (room E203, room E206, ICU [Intensive Care Unit] hall way area, ICU room 9, ICU room 2 and room W102). Findings include: 1. Review of the hospital policy titled Care of Patient Equipment and Environment, updated 3/21/18, indicated the following:	S 0554	1 (A)(B) Equipment used in patient care areas will be kept clean, disinfected between use and in working order. Gross, Fluid and tissue will not be allowed to dry on any reusable item. Plan of Correction: Nursing personnel will ensure medical equipment is free of gross blood, fluid and tissue and equipment is disinfected between patient use and kept clean. Housekeeping personnel will clean	12/29/2018

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	A. Policy: * Equipment used in patient care shall be kept clean and in proper working condition. *Medical equipment used for patient care is cleaned and disinfected before use on another patient. B. Procedure: 1. Gross blood, fluid and tissue should not be allowed to dry on any reusable item... 7. Daily clean in the Intensive Care Unit (ICU): *Nursing personnel will clean all medical equipment in the intensive care units on a daily basis. *Housekeeping will clean environmental surfaces in the intensive care units on a daily basis. 2. On 11/7/18, the following was observed: A. Between approximately 11:45 a.m. and 12:15 p.m., in the presence of A1, Chief Nursing Officer, during tour of the M/S (medical/surgical) unit and TCU1 (telemetry 1 unit) patient rooms: i. In room E203, which was vacant and indicated to be ready for a patient, upon sliding open the bedside/over-the-bed table (BST) heavy white dust type globs were noted along the rails and a brownish dried liquid appearing substance was noted. ii. In room E206 thick dust was noted on top of the wall mounted hand sanitizer dispenser. B. Between approximately 12:15 p.m. and 12:30 p.m., in the presence of A1, during tour of the ICU was the following: i. In the hall, in a corner between the clean linen cart and wall was an infusion pump and a walker, indicated by A1 to be dirty patient equipment with the clean patient equipment across the hall in the other corner. Among the equipment indicated to be clean was an infusion pump with black particles and dried liquid appearing substance. ii. Room 9, the screens (3) on the infusion pump had steaks of dried liquid. iii. Room 2, a dried sticky appearing		environmental surfaces on a daily basis. Medical Equipment or environmental surfaces that are found to be at end of life due to accumulation of blood, fluid or tissue will be taken out of service and replaced with new equipment. Monthly rounds will occur on the nursing units to ensure medical equipment and environmental surfaces are clean and free of blood, fluid and tissue. Responsible: Infection Control Professional, Director of Plant Operations, Operations Manager, Environmental Services and Chief Nursing Officer will be responsible for monthly rounds but the Chief Nursing Officer will be overall responsible for compliance with all policies, procedures and this standard. 2(A)(I) Bedside Tables (BST) were found with heavy white dust type globs along the rails and a brownish dried liquid appearing substance on them. Plan of Correction: Bedside Tables with heavy white dust type globs and rust/deterioration on railing will be taken out of service and replaced with new bedside tables. Monthly rounds will occur to ensure environmental surfaces are clean and free of blood, fluid and tissue. Responsible: Infection Control Professional, Director of Plant Operations, Operations Manager, Environmental Services and Chief Nursing Officer will be responsible for monthly rounds	

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	brownish substance was noted on the inside corner of an unused channel of the infusion pump, a brownish dried sticky appearing substance was noted on the back side (side away from the patient) of the BST. Upon opening/expanding the BST heavy dust was noted and a dark spill type stain was noted on the inner tray. Dust was noted on top of the wall mounted hand sanitizer dispenser. C. Between approximately 12:50 p.m. and 1:15 p.m., in the presence of A1, during tour of the TCU2 (telemetry 2 unit), in vacant room W102, upon opening the BST, heavy dust debris was noted as well as a reddish sticky appearing substance. 3. Between approximately 11:45 a.m. and 1:15 p.m., during facility tour A1 indicated the following: A. The bedside table (BST)/over-the-bed table in room E203 had heavy dust inside the slides and a brownish dried liquid appearing substance on the table and should have been cleaned by housekeeping in-between patients. B. The patient care equipment observed in ICU, in the corner of the hall up against the clean linen cart, was dirty equipment and should not have been stored up against the clean linen cart in an open hallway area. C. The patient care equipment across the hall on the opposite wall was the clean equipment. A1 verified that among that equipment was an infusion pump with black particulate type debris and what appeared to be a dried liquid substance on various surfaces of the device.		but the Chief Nursing Officer will be overall responsible for compliance with all policies, procedures and this standard. 2 (A) (ii) Thick dust was noted on top of the wall mounted hand sanitizer dispenser. Plan of Correction: Housekeeping and nursing personnel will ensure hand sanitizer dispensers in patient rooms are free from dust. Housekeeping personnel will clean hand sanitizer dispensers in patient rooms at least once a day. Monthly rounds will occur on the nursing units to ensure environmental surfaces are clean and free of blood, fluid and tissue. Responsible: Infection Control Professional, Director of Plant Operations, Operations Manager, Environmental Services and Chief Nursing Officer will be responsible for monthly rounds but the Chief Nursing Officer will be overall responsible for compliance with all policies, procedures and this standard. 2 (B) (I) (ii) (iii) A dirty Infusion Pump and walker were found between the clean linen cart and wall in the hallway. The infusion pump had black particles and a dried liquid appearing substance. In ICU room 9, the infusion pump had streaks of dried liquid. A dried sticky appearing brown substance was noted on the inside corner of unused channel of infusion pump. Plan of Correction: Nursing	

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			personnel have been directed to clean all patient care equipment in the patient room before placing in the hallway. Infusion pumps will be free of black particles and dried sticky brown substances. Monthly rounds will occur on the nursing units to ensure medical equipment is clean and free of blood, fluid and tissue. Responsible: Infection Control Professional, Director of Plant Operations, Operations Manager, Environmental Services and Chief Nursing Officer will be responsible for monthly rounds but the Chief Nursing Officer will be overall responsible for compliance with all policies, procedures and this standard. 2 (iii) A brownish dried sticky appearing substance was noted on the back of the BST and heavy dust debris was noted. Dust was also noted on top of wall mounted hand sanitizer dispenser. Plan of Correction: The wall mounted hand sanitizer dispensers will be cleaned daily by housekeeping personnel. The BST will be cleaned as part of the terminal cleaning process between every patient to ensure cleanliness. Responsible: Infection Control Professional, Director of Plant Operations, Operations Manager, Environmental Services and Chief Nursing Officer will be responsible for monthly rounds but the Chief Nursing Officer will be overall responsible for	

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			compliance with all policies, procedures and this standard. 2 (c) The BST contained heavy dust debris as well as a reddish sticky appearing substance. Plan of Correction: The BSTs will be opened and cleaned between each patient use. Any BST that cannot be cleaned to keep free from dust, fluid accumulation, or deterioration will be taken out of service and replaced with a new BST. Responsible: Infection Control Professional, Director of Plant Operations, Operations Manager, Environmental Services and Chief Nursing Officer will be responsible for monthly rounds but the Chief Nursing Officer will be overall responsible for compliance with all policies, procedures and this standard. 3 (a) The BST had heavy dust inside the slides and a brownish dried liquid appearing substance on the table. Plan of Correction: The BSTs will be cleaned in between patients by housekeeping personnel. Any BST that cannot be cleaned free of dust globs, rust or deterioration of equipment will be taken out of service for deep cleaning or replacement when necessary. Responsible: Infection Control Professional, Director of Plant Operations, Operations Manager, Environmental Services and Chief Nursing Officer will be responsible for monthly rounds but the Chief Nursing Officer will	

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			be overall responsible for compliance with all policies, procedures and this standard. 3 (b) (c) Patient care equipment observed in the corner of the hall up against the clean linen cart was dirty equipment and should not be stored with touching the clean linen cart in an open hallway area. Plan of Correction: Nursing personnel have been directed to clean all patient care equipment in the patient room before placing in the hallway. Infusion pumps will be free of black particles and dried sticky brown substances. Monthly rounds will occur on the nursing units to ensure medical equipment and environmental surfaces are clean and free of blood, fluid and tissue. Responsible: Infection Control Professional, Director of Plant Operations, Operations Manager, Environmental Services and Chief Nursing Officer will be responsible for monthly rounds but the Chief Nursing Officer will be overall responsible for compliance with all policies, procedures and this standard.	
S 1160 Bldg. 00	410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8(d)(1) (d) The equipment requirements are as follows:			

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	(1) All equipment shall be in good working order and regularly serviced and maintained. Based on document review and interview, the hospital failed to ensure all equipment was in good working order and regularly serviced for 2 pieces of equipment (patient bed and kitchen stove). Findings include: 1. Review of hospital policies indicated the following: A. Care of Patient Equipment and Environment, updated 3/21/18, indicated: Policy: Equipment used in patient care shall be kept clean and in proper working condition. B. Equipment Management, updated 3/21/18, indicated: Policy: Regularly scheduled inspections and preventive maintenance of equipment will be done to insure (sic) compliance with safety standards and insure (sic) that our patients and employees are working in a safe environment. Procedure: The Plant Operations department will check all non-patient equipment yearly and patient contact equipment every six months. 2. In interviews the following was noted: A. On 11/7/18 between approximately 11:00 a.m. and 11:15 a.m. documentation of preventive maintenance (PM) of the kitchen stove(s) was requested from A1, Chief Nursing Officer. B. On 11/7/18, between approximately 11:50 a.m. and 12:00 p.m. the patient in room E215 indicated the knee adjustment on his/her bed was not working. The patient indicated he/she had told the nurses of the issue for the past 5 days. C. On 11/7/18 between approximately 2:15 p.m. and 3:00 p.m., A7, Plant Operations Manager, indicated that a work order was	S 1160	Plan of Correction: 1 (b) Kentuckiana Medical Center policy (PO 2.01) Equipment Management has been updated to reflect that the Plant Operations department will check patient contact equipment per manufacturer recommended guidelines. (Attachment #3) Responsible: The Plant Operations manager is responsible for ensuring the proper procedures are followed but the overall responsibility for the compliance of all policies and procedures and this standard will be the Chief Operating Officer. Plan of Action: 2 (a) The Plant Operations department will ensure that the kitchen stove will be maintained according to Kentuckiana Medical Center policy (PO 2.01) and documentation to support that ongoing preventive maintenance is being performed will be maintained by the Plant Operations manager. Responsible: The Plant Operations manager is r3esponsible for ensuring the proper procedures are followed but the overall responsibility for the compliance of all policies and procedures and this standard will be the Chief Operating Officer. Plan of Action: 2 (c) Plant Operations staff will be educated on the importance of	12/29/2018

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	completed on the bed in patient room E215 on 11/4/18. A7 verified that the work order lacked documentation of maintenance performed on the bed. A7 also verified that the hospital did not have documentation of PM performed on the bed every 6 months per policy. 3. Review of facility maintenance records lacked documentation of bed J249AM9651 having had PM performed every 6 months and lacked documentation of annual kitchen stove PM per policy.		complete and accurate documentation when completing work order tickets. Kentuckiana Medical Center policy PO 2.01 has been updated to reflect that the Plant Operations department will check patient contact equipment per manufacturer recommended guidelines. KMC Hospital currently has 34 Total Care Basic model Hill-Rom beds and 12 Progressa model Hill-Rom beds. The manufacturer recommended guidelines for all patient bed preventative maintenance schedule is one (1) PM per year. (Attachment # 4) Responsible: The Plant Operations manager for ensuring the proper procedures are followed but the overall responsibility for the compliance of all policies and procedures and this standard will be the Chief Operating Officer. 3. Patient bed J249AM9651 had preventative maintenance performed on 11/8/18 (Attachment #5). Plant Operations policy 2.01 (Attachment # 3) has been updated to reflect that the Plant Operations deparment will check patient contact equipment per manufacturer guidelines. The manufacturer recommended guideline for all patient bed preventative maintenance schedule is one (1) PM per year (Attachment # 4). Going forward the Plant Operations department will maintain adequate	

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			documentation to ensure all these standards are being met. Responsible: The Plant Operations manager for ensuring the proper procedures are followed but the overall responsibility for the compliance of all policies and procedures and this standard will be the Chief Operating Officer.	