

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  150009		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/02/2024	
NAME OF PROVIDER OR SUPPLIER  NORTON CLARK HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 1220 MISSOURI AVE JEFFERSONVILLE, IN 47130			
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S 0000  Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00405894 - State deficiency related to the allegation is cited at S1126.</p> <p>Dates of Survey: 08/01/24 and 8/02/24</p> <p>Facility Number: 005009</p> <p>QA: 8/19/2024 &amp; 8/21/2024</p>			S 0000	<p><b>How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</b></p> <p>a CentriMark completed roof patching repair over Radiology Department on 09/09/2024.</p> <p>b CentriMarck provided quote on 08/01/2024 for radiology roof repair.</p> <p>c CentriMarck will begin laying new roof on October 28th, 2024, with a projected end date of November 25th, 2024</p> <p>d FacilityOne work order PM (preventive maintenance) was added 09/09/2024 to access leaks bi-annually and reported out at Environment of Care committee bi-annually.</p> <p><b>How are you going to prevent the deficiency from recurring in the future?</b></p> <p>a The Engineering Department completes bi-annually assessments of the roof and reports any findings at the Environment of Care (EOC) committee and to the Director of Engineering.</p> <p>i Norton Clark Hospital's roof is audited bi-annually for a year to ensure no leaks identified. The</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shaylon Kleehamer

Quality Director

09/18/2024

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 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 30 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>number of leaks identified and repaired is reported bi-annually to the Environment of Care committee and to the Director of Engineering. The audit is to continue until sustainment of the process is maintained for at least one full year until 100% compliance. The Environment of Care committee will complete ongoing periodically audits to ensure sustainability of compliance.</p> <p><b>Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</b> The person responsible for ensuring and enforcing this process is the hospital's Director of Engineering.</p> <p><b>By what date are you going to have the deficiency corrected?</b> The corrective measure described above will be in place by 11.25.2024</p> <p><b>How are you going to prevent the deficiency from recurring in the future?</b> a The Engineering Department completes bi-annually assessments of the roof and reports any findings at the Environment of Care (EOC)</p>		

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S 1126  Bldg. 00	410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (b)(5)(C)  (b) The condition of the physical plant and the overall hospital environment shall be developed and		committee and to the Director of Engineering. i Norton Clark Hospital's roof is audited bi-annually for a year to ensure no leaks identified. The number of leaks identified and repaired is reported bi-annually to the Environment of Care committee and to the Director of Engineering. The audit is to continue until sustainment of the process is maintained for at least one full year until 100% compliance. The Environment of Care committee will complete ongoing periodically audits to ensure sustainability of compliance.  <b>Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</b> The person responsible for ensuring and enforcing this process is the hospital's Director of Engineering.  <b>By what date are you going to have the deficiency corrected?</b> The corrective measure described above will be in place by 09.09.2024		

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	<p>maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(5) Provision shall be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:</p> <p>(C) Maintenance and repairs shall be carried out in accordance with applicable codes, rules, standards, and requirements of local jurisdictions, the administrative building council, the state fire marshal, and the department.</p> <p>Based on document review, observation and interview, the facility failed to make repairs on a recognized building concern to 1 of 1 leaking roof in the Radiology Department.</p> <p>Findings include:</p> <p>1. Facility document titled, 2023 FAC Capital Request - Part A, dated 3/6/23, indicated the following:</p> <p>a. Number 1 Description of Asset Requested: New Roof for Radiology.</p> <p>b. Number 12 Justification for Expenditure: This area was turned in a few years back and was turned down. Since then this has gotten extremely worse. This is over the CT (computed tomography) machine and x ray equipment. It used to be one leak and now about nine. This roof foam is saturated and is even leaking with no rain so leaks all the time.</p> <p>2. Facility document titled, K2 (construction company) Roof Assessment and Proposed</p>			S 1126	<p><b>How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</b></p> <p>a CentriMark completed roof patching repair over Radiology Department on 09/09/2024.</p> <p>b CentriMarck provided quote on 08/01/2024 for radiology roof repair.</p> <p>c CentriMarck will begin laying new roof on October 28th, 2024, with a projected end date of November 25th, 2024</p> <p>d FacilityOne work order PM (preventive maintenance) was added 09/09/2024 to access leaks bi-annually and reported out at Environment of Care committee bi-annually.</p>		11/25/2024

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	<p>Solution, dated 5/8/23, indicated under Roof Condition Summary a description of very poor.</p> <p>3. K1 (corporation) Memorandum, received via email on 8/2/24, dated 8/1/24, indicated K1 was made aware of the roof improvements needed at the time of facility acquisition in October of 2023. The roofing project was added to the facility capital expenditure list. When given approval a purchase order would be sent to K2 authorizing work to begin. Document lacked date of meeting to be held. Document lacked projected date of approval for repairs.</p> <p>4. Review of policy titled, Safety and Security - Risk Assessment and Management, PolicyStat ID: 12267473, last revised 8/29/22, indicated:</p> <p>a. Under Policy section, page 1, It is the policy of [facility] to conduct a risk assessment of the physical environment to evaluate hazards and develop protective measures associated with various tasks performed in each area within the hospital, off-site facilities and campus grounds. It is the policy of the [facility] to use the results of the Environment of Care® (EOC) Risk Assessment to evaluate and improve the Safety and Security Program and any other applicable EC [EOC] Programs.</p> <p>b. Under Purpose section, page 1, Where the identified risks are not appropriately managed, action must be taken to eliminate or minimize the risk.</p> <p>c. Under Assessment section, page 1 and 2:</p> <p>i. Requirements: 7. Results are submitted to the Environment of Care (EOC) Committee for review, updates, and changes.</p> <p>ii. Procedure: 1. The evaluator identifies the appropriate risks elements in the environment and the activities conducted in the area that could have an impact on the patient care or business</p>				<p><b>How are you going to prevent the deficiency from recurring in the future?</b></p> <p>a The Engineering Department completes bi-annually assessments of the roof and reports any findings at the Environment of Care (EOC) committee and to the Director of Engineering.</p> <p>i Norton Clark Hospital's roof is audited bi-annually for a year to ensure no leaks identified. The number of leaks identified and repaired is reported bi-annually to the Environment of Care committee and to the Director of Engineering. The audit is to continue until sustainment of the process is maintained for at least one full year until 100% compliance. The Environment of Care committee will complete ongoing periodically audits to ensure sustainability of compliance.</p> <p><b>Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</b></p> <p>The person responsible for ensuring and enforcing this process is the hospital's Director of Engineering.</p> <p><b>By what date are you going to have the deficiency corrected?</b></p> <p>The corrective measure described above will be in place by</p>		

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	<p>activities ...4. The evaluator completes the form by identifying the risks related to each area. 5. Each risk is scored using the numerical values on the scoring criteria below [see Scoring Criteria page 3].</p> <p>d. Under Management section, page 2:</p> <p>i. Responsibility: The Safety Officer is responsible for managing the risk assessment process.</p> <p>ii. Procedure: A. After conducting a risk assessment, the results are reviewed and used to determine the appropriate controls or measures implemented to reduce the risk. This may include a new policy, procedures, training, or equipment ...D. Where new procedures are identified, or changes in existing procedures are needed, they are approved by the functional managers and placed into action. As practical, the effect of the new or changed procedures are evaluated as part of the environmental tours or special surveys to determine if the changes have resolved the needs identified in the assessment ...H. The completed risk assessment forms and recommended additional changes will be presented to the EOC Committee for review and approval. Should any situations that constitute an imminent danger be discovered during the course of the risk assessment, they will be reported immediately to the Safety Officer and the appropriate department manager for appropriate follow-up action to resolve the identified issue(s).</p> <p>iii. Scoring Criteria: 0 No Risk or Not Applicable, 1 Minimal Risk, 2 Moderate Risk, 3 High Risk.</p> <p>5. On 8/1/24 at approximately 9:30 am, while on tour, accompanied by A1 (Quality Director [QD]) and A6 (Director of Imaging Services [DIS]) this writer observed the following: outside of room 1281 in the Radiology Department a water</p>				<p>11.25.2024</p> <p><b>How are you going to prevent the deficiency from recurring in the future?</b></p> <p>a The Engineering Department completes bi-annually assessments of the roof and reports any findings at the Environment of Care (EOC) committee and to the Director of Engineering.</p> <p>i Norton Clark Hospital's roof is audited bi-annually for a year to ensure no leaks identified. The number of leaks identified and repaired is reported bi-annually to the Environment of Care committee and to the Director of Engineering. The audit is to continue until sustainment of the process is maintained for at least one full year until 100% compliance. The Environment of Care committee will complete ongoing periodically audits to ensure sustainability of compliance.</p> <p><b>Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</b></p> <p>The person responsible for ensuring and enforcing this process is the hospital's Director of Engineering.</p>		

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	<p>collection system was observed as described: a hose that came from a plastic ceiling tile, opening of ceiling tile fit the hose, the hose was secured to the ceiling and hung down the wall and in to a plastic bucket. The bucket had a lid on it with a hole large enough for the hose. The hose end was through the lid. The system was closed. The bucket was approximately 1/4 full. Inside room 1281 a water collection system was observed as described: a hose that came from a regular ceiling tile, into a bucket with a lid. The lid had an opening large enough for the hose. The end of the hose was inside the bucket. The system was closed.</p> <p>6. In interview, on 8/1/24 at approximately 9:40 am, A6 verified the roof in the Imaging Department has had some leaking over the last 5 years.</p> <p>7. In interview, on 8/1/24 at approximately 11:15 am, A8 (Director of Engineering [DE]) verified the roof needs redone.</p> <p>8. In interview, on 8/1/24 at approximately 11:29 am, S2 (Maintenance Mechanic) verified he/she has worked at the facility around 5 years and the roof in the Radiology Department has always leaked intermittently during his/her employment.</p>				<p><b>By what date are you going to have the deficiency corrected?</b> The corrective measure described above will be in place by 09.09.2024</p>		