

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150084	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2023
NAME OF PROVIDER OR SUPPLIER ASCENSION ST VINCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 2001 W 86TH ST INDIANAPOLIS, IN 46260		
(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
S 0000 Bldg. 00	<p>This visit was for the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00373852 - Deficiency related to the allegation cited.</p> <p>Date of Survey: 08/28/23</p> <p>Facility Number: 005075</p> <p>QA: 9/7/23</p>	S 0000		
S 1172 Bldg. 00	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8(e)(1)(A)(B)(C)</p> <p>(e) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, shall be kept clean and orderly in accordance with current standards of practice as follows:</p> <p>(1) Environmental services shall be provided in such a way as to guard against transmission of disease to patients, health care workers, the public, and visitors by using the current principles of the following:</p> <p>(A) Asepsis (B) Cross-infection; and (C) Safe practice.</p> <p>Based on document review and interview, the facility failed to provide evidence of a clean environment for 5 of 16 days.</p>	S 1172	<p>§410 IAC 410-1.5-8 Physical Plant 410 IAC 410-1.5-8 (e) (1) (A) (B) (C)</p>	09/29/2023

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

TITLE

(X6) DATE

H. Robin Connors

Director of Accreditation

09/29/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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>Findings Include:</p> <ol style="list-style-type: none"> Review of policy titled: Daily Patient Room Cleaning (PolicyStat ID: 5192770) last revised 07/2018, indicated a 10-step process for daily cleaning of a patient's room. Review of the daily housekeeping records for room 3404 lacked documentation of the room being cleaned 5 of 16 days including 01/15/22, 01/16/22, 01/20/22, 02/23/22 and 01/24/22. Interview on 08/28/23 at 2:35 pm with S2 (Director of Quality) regarding missed daily cleaning documentation of room 3404 on 01/15/22, 01/16/22, 01/20/22, 02/23/22 and 01/24/22 confirmed that documentation may be lost or department short staffed due to COVID. 		<p>The facility failed to provide evidence of a clean environment for 5 of 16 days.</p> <p>Corrective Action (s): Ascension St. Vincent Accreditation Director and manager of Environmental Services reviewed the Daily Patient Room Cleaning policy to ensure it appropriately identified the required standards of practice and no revisions were warranted.</p> <p>On or before September 18, 2023, EVS associates were reeducated during shift huddles and manager meetings for an entire week regarding the importance of completion of their duty sheets after each room has been cleaned. If EVS associates were out on an approved leave during the re-emphasis education, they will be updated on the expectations for cleaning and documentation before they continue working in the hospital environment for immediate implementation into their practice. Further, a new process was put into place where routinely the manager and/or his designee reviews each duty sheet to ensure they are fully completed and then signs to attest that the duty sheets have been reviewed and completed before they are turned in. If there are any blanks then the manager and/or his</p>	

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			<p>designee follows up with the associate for further information and counseling.</p> <p>Monitoring: To ensure compliance, beginning in October 2023, the EVS manager or his designee will review 20 patient duty sheets per month to ensure that the sheets have been fully completed. All identified gaps will be immediately discussed with the EVS associate on an individual basis for performance improvement. If the associate continues to have issues of noncompliance after education then progressive discipline up to and including termination may occur.</p> <p>This audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. Once the threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then auditing will continue until such time that data for a consecutive 3-month period reflects achievement of the threshold. Beginning in November, the results of the audits will be communicated through the Operations and Accreditation Committee for tracking and trending purposes</p>	

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FORM APPROVED
OMB NO. 0938-039

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			<p>and to remove any barriers to compliance.</p> <p>Responsible Person (s):</p> <p>The EVS manager and/or his designee will be responsible for ensuring that EVS associates have a clear understanding of the importance of both performing and documenting that all ten steps are completed daily when patients rooms are cleaned to ensure a clean environment for patients and their families.</p>	