

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150011	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2023
NAME OF PROVIDER OR SUPPLIER MARION GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 441 N WABASH AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00409656</p> <p>Date of survey: 10/03/23</p> <p>Facility Number: 005011</p> <p>QA: 10/11/23</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, observation, and interview, the facility did not keep all fixtures, and furnishings clean in 2 of 2 rooms observed in the Emergency Department (ED) (rooms 12 and 19).</p>	S 1172	<p>1 Review of facility policy titles Infection Control, source ED, last revised 4/21, indicated Environmental Services (EVS) provides routine cleaning of</p>	11/16/2023

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

TITLE

(X6) DATE

Cindy Futrell

Chief Nursing Officer

10/26/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150011	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2023
NAME OF PROVIDER OR SUPPLIER MARION GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 441 N WABASH AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of facility policy titled Infection Control, source ED, last revised 4/21, indicated Environmental Services (EVS) provides routine cleaning of the department. 2. Review of facility contract with Crothall Healthcare, Inc., dated 11/27/05, no termination date listed, revealed daily cleaning to ED would be done every 8 hours, 7 days a week. 3. Review of Crothall Healthcare ED cleaning log indicated that Monday's daily focus is high dust. 4. During a tour of the ED, on 10/03/23 at approximately 1:39 pm, ED room 12 observed and found to have a layer of dust on the computer keyboard, computer monitor screen, and the overhead light. ED room 19 observed and found to have a layer of dust on the computer keyboard and computer monitor screen. 5. During interview on 10/02/23 at approximately 3:05 pm, A1 (Risk Manager) verified that the computer keyboard, computer monitor and overhead light in ED room 12 had a layer of dust on them. 		<p>the department. See attached update policy, ERD-209 Infection Control – Emergency Department specifically under "Housekeeping – Routine Cleaning Schedule". Revisions to letter "A" and letter "F".</p> <p>2 Review of facility contract with Crothall Healthcare, Inc., dated 11/27/05, no termination date listed, revealed daily cleaning to ED would be done every 8 hours, 7 days a week. No change</p> <p>3 Review of Crothall Healthcare ED cleaning log indicated that Monday's daily focus is high dust. ED EVS staff re-educated; expectations clarified. Has occurred 1:1 with ED EVS staff</p> <p>4 ED tour room 12: high layer of dust on the computer keyboard, computer monitor screen, and the overhead light. ED room 19: high layer of dust on the computer keyboard and computer monitor screen. All bedside keyboards exchanged for washable keyboards. All ED rooms cleaned removing dust from computers, wall mounts, and overhead lights. EVS is responsible for cleaning and dusting the ED rooms as directed by their</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150011	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2023
NAME OF PROVIDER OR SUPPLIER MARION GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COD 441 N WABASH AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
			contract and the ED Infection Control policy. ED Director and EVS Director will round monthly and tour ED for compliance.	