

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

PRINTED: 06/03/2019

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>150084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/09/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>ST VINCENT HOSPITAL &amp; HEALTH SERVICES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 W 86TH ST INDIANAPOLIS, IN 46260</b>	
(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)
S 0000  Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00288347</p> <p>Substantiated: Deficiency unrelated to the allegation is cited.</p> <p>Date of Survey: 05-09-2019</p> <p>Facility Number: 005075</p> <p>QA: 5/21/19</p>		S 0000	
S 1118  Bldg. 00	<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 observation, the facility created a condition which may result in a hazard to patients, public or employees in 1 instance related to the location of an alcohol-based hand sanitizer (ABHS).</p> <p>Findings include:</p>		S 1118	<p>S1118 410 IAC 15-1.5-8 Physical Plant 410 IAC 15-1.5-8 (b) (2) (2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>The facility was cited for creating a condition which could have</p>

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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	<p>1. On 05-09-2019 at 2:35 pm, in the presence of employees #A1, Director Accreditation, and #A2, Quality Consultant, it was observed in patient room 1505 there was an ABHS on the wall directly above a red electrical light switch. This location of the ABHS posed a fire hazard if the flammable alcohol-based product was sprayed or dropped onto the electrical ignition source.</p>			<p>resulted in a hazard to patients, public, or employees in 1 instance related to the location of an alcohol-based hand sanitizer (ABHS). ABHS was on the wall directly above a red electrical light switch in room 1505 which posed a fire hazard if the flammable alcohol-based product was sprayed or dropped onto the electrical ignition source.</p> <p><b>Corrective Action (s):</b> While the surveyor was onsite a work order # 7975568 was placed in facilities data base and the ABHS was relocated to an adjacent wall which was a safer location in that area where inadvertent spray or dropping of alcohol-based product would not create a potential fire hazard to patients, public, or employees. The work order was completed and closed out by May 10, 2019 after the wall area where the ABHS had been located was patched and painted.</p> <p><b>Monitoring:</b> To ensure compliance, beginning immediately when Environment of Care rounds are completed throughout the hospital facilities will check placement of ABHS and light switches to ensure they are not located near each other to prevent creating a fire hazard. Any identified gaps will be placed into the facilities work order system so the ABHS can be relocated. Results of the audits will be communicated through the</p>	

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				Operations and Accreditation Committee. <b>Responsible Person (s):</b> The Director of Facilities or his designee will be responsible for ensuring that ABHS will be located away from ignition sources to prevent the creation of a fire hazard.