STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150076	A. BUILDING 00 B. WING	12/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT JOSEPH'S REGIONAL MEDICAL CENTER - PLYMOUTH	1915 LAKE AVE PLYMOUTH, IN 46563

(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
S0000	This visit was for a State survey. Date of Survey: 12/10-11/12 Facility #: 005070 Surveyors: Jacqueline Brown, RN Public Health Nurse Surveyor Lynnette Smith Laboratorian Stephen Poore Laboratorian QA: claughlin 12/14/12	S0000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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S1118	410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (b)(2) (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: (2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees. Based on observation and staff interview, the laboratory failed to ensure the safety of patients by having 37 of 41 expired pediatric ABG (Arterial Blood Gas) kits. Findings include: 1). On 12/10/12, between 1:55 pm and 2:40 pm, it was directly observed in the specimen processing area of the laboratory, 37 of 41 expired pediatric ABG kits. The kits were labeled as: "Portex Pro-Vent Arterial Blood Sampling Kit with Dry Lithium Heparin for Gases and Electrolytes". The kits had an expiration date of "06-2012" for lot number "1684130". 2). In interview, on 12/10/12, between 1:55 pm and 2:40 pm, staff member E-4, confirmed the finding.	S1118	The lab manager is responsible for the oversight of the lab staff checking for outdates in the lab. The pediatric blood gas kits were removed the day of the finding, December 10, 2012. The lab has established a formal process to check for outdates. A lab policy was drafted titled, Expired Product Surveillance, which outlines the storage and tracking of products in the lab. The policy was approved by the Lab Medical Director on December 31, 2012. The lab staff were educated on the Expired Product Surveillance policy on December 31, 2012 and the new process to check their assigned zones each month on December 14, 2012. Each lab staff member is assigned to a section of the lab to check the products in the lab for outdates each month. Each lab staff member will report their checks and any findings to lab manager after their completion of their	12/11/2012

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			respective monthly checks. The monthly lab checks will be aggregated into a report that will be reported to the PI Steering Committee twice a year, the next report date is at the January 2013 meeting and to the Quality Committee of the Board in the quarterly lab report.MonitorN - Number of Zones checked D - Total # of Zones Compliance - 90%	