

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013878</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INDIANA SPINE HOSPITAL, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13219 N MERIDIAN STREET CARMEL, IN 46032</b>
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(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) COMPLETE DATE
S 000	INITIAL COMMENTS  The visit was for a hospital State licensure survey.  Facility Number: 013878  Survey Date: 4/19-21/2021  QA: 04/27/2021	S 000		
S1166	410 IAC 15-1.5-8 PHYSICAL PLANT  410 IAC 15-1.5-8(d)(2)(C)  (d) The equipment requirements are as follows: (2) There shall be sufficient equipment and space to assure the safe, effective, and timely provision of the available services to patients, as follows:  (C) Appropriate records shall be kept pertaining to equipment maintenance, repairs, and current leakage checks.  This RULE is not met as evidenced by: Based on document review, observation and interview, the facility failed to maintain up-to-date documentation of preventive maintenance (PM) on its biomedical equipment for one ventilator.  Findings include:  1. Review of 2020 and 2021 biomedical PM documentation failed to indicate any recent PM was performed for the sole ventilator at the facility.	S1166		4/23/21

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

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S1166	Continued From page 1  2. During an observation on 4-20-21 at 1610 hours, in the company of the Chief Nursing Officer A2, the following equipment was observed: a General Electric Careescape ventilator with an asset tag #10724151. Close inspection of the ventilator by staff A2 failed to reveal a PM sticker indicating the date of the last PM check and/or the next due date for PM to be performed and A2 was requested to provide documentation of the most recent PM for review.  3. On 4-21-21 at 0930 hours, staff A2 was requested to provide documentation indicating the ventilator equipment had received periodic PM in 2020 or 2021 and none was provided prior to exit.  4. On 4-21-21 at 1240 hours, staff A2 confirmed the most recent date of PM for the ventilator was 3-29-19 and confirmed the equipment had not been maintained.	S1166		
S1186	410 IAC 15-1.5-8 PHYSICAL PLANT  410 IAC 15-1.5-8 (f)(3)(A)(B)(C)(D)(E)(i)(ii)(iii)(iv)(v)  (f) The safety management program shall include, but not be limited to, the following: (3) The safety program that includes, but is not limited to, the following:  (A) Patient safety. (B) Health care worker safety. (C) Public and visitor safety. (D) Hazardous materials and wastes management in accordance with federal	S1186		5/13/21

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S1186	<p>Continued From page 2</p> <p>and state rules.</p> <p>(E) A written fire control plan that contains provisions for the following:</p> <ul style="list-style-type: none"> <li>(i) Prompt reporting of fires.</li> <li>(ii) Extinguishing of fires.</li> <li>(ii) Protection of patients, personnel, and guests.</li> <li>(iv) Evacuation.</li> <li>(v) Cooperation with firefighting authorities.</li> </ul> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to perform quarterly fire drills at least once per shift per quarter at the facility for 5 of 10 fire drills in 2020 and 2021 (night shifts for the 1st, 2nd &amp; 4th quarters of 2020, day shift for the 3rd quarter of 2020, and night shift for the 1st quarter of 2021).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of NFPA 101, 2000 Edition Chapter 19.7.1.2 indicated the following: "Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with signals and emergency action required under varied conditions."</li> <li>2. Review of the policy/procedure Life Safety Management Plan (revised 11-20) indicated the following: "Purpose: "At least one fire drill is to be conducted quarterly, and documented</li> </ol>	S1186		

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S1186	<p>Continued From page 3</p> <p>appropriately..."</p> <p>3. Review of fire drill documentation failed to indicate any fire drill activity was conducted for the night shifts (1900 hours to 0700 hours) during the 1st, 2nd and 4th quarters of 2020.</p> <p>4. Review of fire drill documentation failed to indicate any fire drill activity was conducted for the day shift (0700 hours to 1900 hours) during the 3rd quarter of 2020.</p> <p>5. Review of fire drill documentation failed to indicate any fire drill activity was conducted for the night shift (1900 hours to 0700 hours) during the 1st quarter of 2021.</p> <p>6. On 4-19-21 at 1400 hours, the Chief Nursing Officer A2 confirmed the above.</p> <p>7. On 4-20-21 at 1420 hours, the Facilities and Compliance Director A4 confirmed the above and no other documentation was available.</p>	S1186		