

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152014	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2016
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S 0000 Bldg. 00	This visit was for State licensure survey of a hospital. Survey dates: 12/5/16 to 12/7/16 Facility number: 9443 QA: 01/25/17 JL	S 0000		
S 0726 Bldg. 00	410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(7)(A)(B) (c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows: (7) The hospital shall ensure the confidentiality of patient records which includes, but is not limited to, the following: (A) A procedure for releasing information from or copies of records only to authorized individuals in accordance with federal and state laws. (B) A procedure that ensures that unauthorized individuals cannot gain access to patient records.	S 0726	What will be corrected: The Hospital will ensure that	12/15/2016

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>Based on document review, observation and interview the facility failed to follow policy to ensure that unauthorized individuals cannot gain access to patient records for 1 of 6 areas (4th Floor Medical Surgical Unit) toured.</p> <p>Findings:</p> <p>1. Policy H04-A, Safeguarding Protected Health Information (PHI), revised/reapproved 02/04/2016 indicated: A. page 1: 1. Select Medical workforce members must take reasonable steps to safeguard a patient's PHI from any intentional or unintentional use or disclosure that is in violation of the HIPAA regulations. B. page 2: o. Patient information should never be left unattended. This included leaving patient information, whether stored on any media type, including, but not limited to paper or on a laptop in a vehicle overnight or leaving patient information lying around in plain sight for others to see.</p> <p>2. While on tour of facility on 12/6/16 at approximately 1400 hours, in the presence of staff N2, patient medical record (MR) information was observed unattended on a workstation on wheels (WOW) located in the hallway of the 4th</p>		<p>unauthorized individuals cannot gain access to patient records. How are we going to correct the deficiency:</p> <p>1. On 12/6/16 the House Supervisor removed the patient medical record information from the unattended workstation on wheels on the 4th floor.</p> <p>2. On 12/7/16 the Chief Nursing Officer (CNO) and House supervisors(HS) began re-education of staff on safeguarding protected health information during daily shift huddles.</p> <p>3. On 12/15/16 the CNO and the director of Quality Management (DQM) re-educated staff on policy H04-A Federal Health Insurance Portability and Accountability Act (HIPAA) at the monthly staff meetings.</p> <p>How are we going to prevent the deficiency from recurring in the future: The House Supervisors will observe 10 workstations on wheels (WOWs) each week to ensure medical record information is not left unattended. The numerator will be the number of WOWs with appropriate safeguarding of protected health information and the denominator will be the total number of WOWs observed. This will be audited until a goal of 100% is sustained for 3 months. Non-compliance may result in disciplinary action up to termination of employment. results will be reported in monthly</p>		

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S 1172 Bldg. 00	<p>floor medical surgical unit, accessible to unauthorized persons.</p> <p>3. Staff N2 (House Supervisor) was interviewed on 12/6/16 at approximately 1400 hours and confirmed patient MR information was lying unattended on a WOW located in the hallway of the 4th floor medical surgical unit and accessible to unauthorized persons and persons not involved with the patients' care.</p> <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 hospital failed to maintain a clean and orderly environment</p>			S 1172	<p>Quality Assessment and Performance meetings and quarterly in Organization Improvement Committee, Medical Executive Committee and Governing Board. Who is going to be responsible: The Chief Nursing Officer</p> <p>What will be corrected: The hospital will maintain a clean and orderly environment</p>		01/05/2017

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	<p>throughout the facility in 5 areas (hall near boiler room, maintenance shop, CT (computed tomography) room, room across from medical air, room R067)</p> <p>Findings:</p> <p>1. Review of Policy: IC VIII-1, titled Routine Daily Cleaning and Disinfection, last approved 3/10/16, indicated the following:</p> <p style="padding-left: 40px;">a. The hospital established procedures for daily cleaning in the hospital's patient floor, clinical support and ancillary areas. All patient rooms, clinical support and ancillary areas will be cleaned daily.</p> <p style="padding-left: 40px;">b. Periodic Cleaning: Walls are thoroughly washed semi-annually or as necessary. Vents (interior) are dusted weekly or as necessary.</p> <p>2. On 12/7/16 between 11:00am and 12:30pm during facility tour, in the presence of A3, Director of Plant Operations, the following was observed:</p> <p style="padding-left: 40px;">a. In a corner of the hall near the boiler room was a pile of blackish dusty/dirt appearing debris.</p> <p style="padding-left: 40px;">b. In the maintenance shop there were piles of scrap appearing materials in the far corner to the left of the entrance and a pile of pieces of wiring, pipes and balusters to the right. Dust, dirt and other debris appeared to be mixed in among the</p>		<p>throughout the facility.</p> <p>How are we going to correct the deficiency:</p> <p>1. On 12/9/16 the DQM re-educated the Radiology Supervisor on routine daily cleaning of the computed tomography room.</p> <p>2. On 12/9/16 the Director of Plant Operations (DPO) re-educated the maintenance department on cleaning of the basement including the boiler room, maintenance shop and storage rooms with removal of dust and debris.</p> <p>3. On 12/15/16 the CNO and Director of Quality Management (DQM) re-educated staff on Policy IC VIII-1 Routine Daily Cleaning and Disinfection at the monthly staff meetings.</p> <p>4. On 1/5/17 the Director of Environmental Services re-educated staff on Policy IC VIII-1 Routine Daily Cleaning and Disinfection.</p> <p>How are we going to prevent the deficiency from recurring in the future:</p> <p>The DPO and DQM will conduct Environment of Care Rounds weekly in the basement and CT room to ensure they are kept clean and orderly. Results will be reported in monthly Quality Assessment and Performance meetings and quarterly in Organization Improvement Committee, Medical Executive Committee and Governing Board.</p> <p>Who is going to be responsible:</p>		

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	<p>piles. To the rear of the shop was old laundry equipment caked with dust and debris. Also noted was a broken florescent type light bulb(s) on the concrete floor with glass fragments scattered around.</p> <p>c. In the CT room, a metal type box, along the edge of the flooring (appeared to house electrical wiring) was noted with heavy dust. A wall mount vent on the same wall was noted with heavy blackish dust on the grills of the vent.</p> <p>d. In a basement storage room across from the medical air room dead insects, insect webs and heavy dust was noted throughout.</p> <p>e. In room R067 (ceiling tile storage room) in the bathroom of the storage room was a toilet with standing water. The basin of the toilet was solid brown in color. In the same bathroom was a sink with 2 faucets. One faucet was noted to be dripping water. Both had thick (approximately 1/8" or more) white and green build up on the ends of the faucets near the water dispensing area(s).</p> <p>3. On 12/7/16 between 11:00am and 12:30pm, A3 indicated the Routine Cleaning policy is the policy used throughout the facility and that the areas observed had not been kept orderly and clean.</p>		The Director of Plant Operations	

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S 1178 Bldg. 00	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (e)(2)</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>(2) Refuse and garbage shall be collected, transported, sorted and disposed of by methods that will minimize nuisances or hazards.</p> <p>Based on document review, observation and interview, the hospital failed to ensure refuse and garbage was disposed of by methods to minimize nuisances or hazards in one area (dumpster).</p> <p>Findings:</p> <p>1. Review of Policy: IC VIII-8, titled Medical Waste, last approved 3/10/16, indicated: The solid waste procedures...are necessary to ensure that both bio-hazardous and general waste is collected, stored, transported, and disposed of in such a manner as to minimize the health risk to patients staff, students, and the public.</p> <p>2. Review of Policy: ENV038, titled Waste Handling and Disposal, last approved 3/10/16, indicated the following:</p>			S 1178	<p>What will be corrected: The hospital will ensure refuse and garbage is disposed of by methods to minimize nuisances or hazards in the dumpster area. How are we going to correct the deficiency:</p> <p>1. On 12/7/16 the DOP removed the two white trash bags and cleaned the debris from the ground. 2. On 12/15/16 the CNO and DQM re-educated clinical staff on Policy IC VIII-8 Medical Waste. 3. On 1/5/17 the Director of Environmental Services re-educated staff on Policy IC VIII-8 Medical Waste.</p> <p>How are we going to prevent the deficiency from recurring in the future: The DOP and DQM will conduct weekly Environment of Care Rounds in the dumpster area to ensure refuse and garbage is disposed of properly. Who is going to be responsible:</p>		01/05/2017

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	<p>a. Objective: To establish safe waste handling and disposal practices to reduce the risk of injury, or exposure...</p> <p>b. All employees will adhere to the following waste handling and disposal procedures...</p> <p>c. General trash is placed in reusable, covered containers lined with plastic liners... This is collected by Environmental Services personnel and taken outside to the trash compactor for removal...</p> <p>3. On 12/7/16 between 11:00am and 12:30pm during facility tour, in the presence of A3, Director of Plant Operations, the following was observed on the ground between the trash dumpster and the loading dock: two white bags of trash atop other debris. A3 lifted the bags to place in the dumpster. Among the debris on the ground under the trash bags were 2 syringes, a medication vial and disposable type gloves. Lying on the ground in front of the dumpster was a packaged bag of IV (intravenous) solution.</p> <p>4. On 12/7/16 between 11:00am and 12:30pm A3 verified the trash bags, gloves, syringes, medication vial, IV solution and other debris were not disposed of properly by hospital policy.</p>		The Director of Plant Operations	

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

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FORM APPROVED

OMB NO. 0938-0391

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