

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150042	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/06/2014
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 520 S 7TH ST VINCENNES, IN 47591		
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S000000	<p>This is a hospital licensure complaint investigation.</p> <p>Date of Survey: 2/5/2014</p> <p>Facility Number: 005038</p> <p>Complaint # IN00141584 Substantiated: State deficiency is cited.</p> <p>Surveyors: Albert Daeger, Medical Surveyor</p> <p>QA: claughlin 03/05/14</p>	S000000			

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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S000594	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(ii)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(ii) Universal precautions, including infectious waste management.</p> <p>Based on observation, documentation review, and staff interview, the hospital failed to ensure the handling of storage of hazardous waste was conducted in a safe and secured manner for the Hazardous Waste Sorting Room.</p> <p>Findings included:</p> <p>1. At 11:50 AM on 2/5/2014, the temporary receiving dock was toured and the overhead garage door to the Hazardous Waste Sorting room was observed open to the Receiving Dock. The</p>	S000594	S 05941. On 03/14/2014 a lock was installed on the door of the Hazardous Waste Sorting Room to secure the area, as per policy and State rules. The Director of Engineering was responsible for ensuring the lock was installed to secure the room, as well as ongoing compliance. Security began monitoring the secured door during routine security room checks three times per day on 03/15/2014 to monitor compliance.2. On 03/18/2014 additional bins were added to the Hazardous Waste Sorting room to prevent the bags and sharps containers from overflowing onto the floor. All contractor and maintenance equipment was removed from the Hazardous Waste Sorting Room by 02/12/2014. The Director of	03/18/2014
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	<p>Hazardous Waste Sorting Room was not secured as required per policy and state rules.</p> <p>2. At 12:05 PM on 2/5/2014, after entering the Hazardous Waste Sorting Room; there were two large containers for the storage of red biohazard bags. The red bags were observed overflowing and lying on the floor approximately 10 feet in front of the containers. There were approximately 100 red biohazard bags observed loose on the floor. On the backside of the red biohazard bag storage containers was the location where the assorted sizes of closed sharp containers were stored obstructing maintenance and construction equipment. The sharp containers were observed spilling over a storage container onto the floor covering approximately 10-foot by 20-foot floor surface area. There were approximately 150 to 250 assorted closed sharp containers observed. The hazardous waste area was not secured, and</p>		<p>Engineering was responsible for correcting the deficiency and is responsible for ensuring ongoing compliance per the Hospital Waste (Identification, Handling and Disposal of) policy with weekly monitoring. 3. On 02/11/2014 staff was retrained on the need to wear coveralls/scrubs, shoe covers, rubber gloves and face shields when handling red bags and to take a shower before clocking out and leaving the Hospital as per the Hospital Waste (Identification, Handling, and Disposal of) policy. The Plant Operations Supervisor is responsible for correcting the deficiency and for monitoring and to ensure ongoing compliance with weekly monitoring. 4. Staff was retrained on 02/11/2014 on the proper attire that must be worn when handling red bags as per the policy. The Plant Operations Supervisor was responsible for correcting the deficiency and is responsible for monitoring and ensuring ongoing compliance with weekly monitoring. 5. The door to the Hospital Waste Sorting room had a lock installed on 03/14/2014 which will secure the room as per policy and state rules. The Director of Engineering was responsible for ensuring the lock was installed to secure the room and to ensure ongoing compliance. Security will begin monitoring the secured door during routine security room</p>		

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	<p>separated from maintenance and contractor equipment.</p> <p>3. At 12:25 PM on 2/5/2014, staff member #9 was observed lining hazardous waste storage containers with red bags. Staff member #9 was observed throwing red biohazard bags that were lying on the floor out of his/her way to get to the working area adjacent to the Steam Sterilizer; to finish repairing the sterilizer. The staff member was observed not wearing any apron, bunny suit, shoe covers, rubber gloves, or face shield.</p> <p>4. Good Samaritan Hospital (GSH) Handling and Disposal of Hospital Waste (last revised April, 2013) states, " GSH will provide guidelines regarding medical waste within the hospital departments. Waste will be properly and safely segregated and disposed of according to all applicable Federal and State regulations. This policy has been</p>		<p>checks three times per day on 03/15/2014 to monitor compliance.6. On 02/11/2014 staff was retrained on the need to wear coveralls/scrubs, shoe covers, rubber gloves and face shields when handling red bags and to take a shower before clocking out and leaving the Hospital as per the Hospital Waste (Identification, Handling, and Disposal of) policy. The Plant Operations Supervisor is responsible for monitoring and ensuring ongoing compliance with weekly monitoring. 7. On 02/11/2014 staff was retrained on the need to wear coveralls/scrubs, shoe covers, rubber gloves and face shields when handling red bags and to take a shower before clocking out and leaving the Hospital as per the Hospital Waste (Identification, Handling, and Disposal of) policy. The Plant Operations Supervisor is responsible for monitoring and ensuring ongoing compliance with weekly monitoring. The Hazardous Waste Sorting room door was secured on 03/14/2014 and the signage changed on 02/21/2014 to better reflect the actual entrance into the Hazardous Waste Sorting room. The dietary items received through the temporary dock are no longer being held in the area near the entrance to the Hazardous Waste Sorting room. The Laundry Department's chemicals were removed from</p>		

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	<p>developed not only for the safe management of medical waste, but to reduce the potential incidence of injury and disease among healthcare workers in this facility. All healthcare workers working in this facility and those who have contact with this facility are responsible and accountable for adhering to this Hospital Waste Policy. "</p> <p>5. Indiana State Department of Health Rule 3 Infectious Waste 410 IAC 1-3-24 states, " All persons and facilities subject to this rule shall ensure that infectious waste is at all times contained in a manner that will reasonably protect waste handlers and the public from contracting dangerous communicable disease that may result from exposure to the infectious waste. If infectious waste is stored prior to final disposal, all persons subject to this rule shall store infectious waste in a secured area."</p>		<p>this room on 02/5/2014. The Director of Engineering is responsible for correcting the deficiency and for ensuring ongoing compliance with weekly monitoring.8. The Regulated Medical Waste Backup Disposal Procedure was revised on 03/18/2014 to reflect the specific criteria as to when the Backup Disposal Procedure should be initiated. On 02/11/2014 staff was retrained on the need to take a shower before clocking out and leaving the Hospital as per the Hospital Waste (Identification, Handling, and Disposal of) policy. The Plant Operations Supervisor is responsible for deficiency correction, monitoring and ensuring ongoing compliance with weekly monitoring.9. On 03/14/2014 a lock was installed on the door separating the temporary dock and the sorting room for security and safe handling and processing of hazardous waste. The Director of Engineering was responsible for correcting the deficiency and for ensuring ongoing compliance. Security will begin monitoring the secured door during routine security room checks three times per day on 03/15/2014 to monitor compliance.</p>		

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	<p>6. Good Samaritan Hospital Infection Control Policy for Medical Waste Disposal Operator (Last revised August 2012) states, " Procedure: Always wear rubber gloves, shoe covers and face mask when handling red bags: and take a shower before clocking out and leaving the hospital. "</p> <p>7. At 12:45 PM on 2/5/2014, staff member #9 indicated he/she works for the Maintenance Department. The Maintenance staff had been trained in the Hazardous Waste Sorting Room. The staff member indicated the personnel protective equipment (PPE) was on the desk. The staff member indicated he/she was supposed to wear a bunny suit while sorting the waste, however, it gets too cold from the temporary receiving dock. The staff member indicated he/she does not wear the bunny suit. Staff member #9 also indicated the Laundry Department and the Dietary Department store items they receive through the temporary receiving dock in the</p>						

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	<p>Hazardous Waste Sorting Room. Those items are assorted chemicals. The staff member indicated the sorting room is utilized as a multipurpose room.</p> <p>8. At 1:00 PM on 2/5/2014, staff member #2 indicated the steam sterilizer has been broken and the hospital has a contingency plan. Company A would collect all red biohazard bags and sharp containers that have not been processed to keep the room orderly and clean; however, the contingency plan was not followed. The staff member #2 indicated the maintenance staff was to take showers after working in the sorting room; however, this was not being done.</p> <p>9. At 1:50 PM on 2/5/2014, staff member #4 indicated the door separating the temporary dock and the sorting room should remain closed for security and safe handling and processing of hazardous waste.</p>			

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