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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150160	A. BUILDING 00 B. WING	10/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORTHOINDY HOSPITAL	8400 NORTHWEST BLVD INDIANAPOLIS, IN 46278

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S 0000 Bldg. 00	This visit was for a standard licensure survey. Facility Number: 003930 Survey Date: 10-13/15-2015 QA: cjl 11/24/15	S 0000	N/A	
S 0318 Bldg. 00	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(F) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (F) Ensuring cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and hospital policy for all health care workers, including contract and agency personnel, who provide direct patient care.			
	Based on document review and interview, the hospital failed to ensure	S 0318	Phase I: PolicyStat ID:1705396, entitled Required Licensure, Certifications, Competency	02/19/2016

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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	cardiopulmonary resuscitation (CPR) competence in accordance with facility policy for 1 of 4 medical staff credential files reviewed. Findings: 1. Review of facility PolicyStat ID: 1705396, entitled Required Licensure and Certifications, Last Revised: 01/2014, indicated all physicians, by virtue of their completion of medical school, are considered competent in CPR. 2. Review of 4 medical staff credential files indicated file MD#4, orthopedic surgeon, indicated graduation from medical school and no documentation of CPR competency. 3. In interview, at 12:45 pm on 10-15-2015, employee #A1, Chief Executive Officer, was requested to provide documentation showing how, via medical school education, physicians were competent in CPR. No other documentation was provided prior to exit.		Assessment and Evaluation was revised to state: 2. Members of the medical staff with the specialty of physiatry, hospitalist or internal medicine are required to: a. Maintain CPR Certification or b. Maintain current ACLS certification; ACLS certification is adequate demonstration of ongoing competency to deliver CPR. 3. Board certification in anesthesiology fulfills the requirement of CPR certification. 4. Any member of the medical staff can initiate and perform CPR in conjunction with the qualified physicians listed above. The policy was approved by Policy Committee on 01/07/2016 Submitted to Medical Executive Committee for approval on 01/20/2016 Submitted to Hospital Governing Committee on 02/12/2016 Phase II All those not meeting above criteria, have been scheduled into CPR class. Classes will be completed prior to 02/19/2016. To prevent future deficiencies, the Medical Staff Office will run monthly reports and coordinate scheduling of CPR. The Medical Staff Office Manager will be responsible. Phase I will be completed 02/12/2016 Phase II will be completed 02/19/2016	
S 0554 Bldg. 00	410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(a)			

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	(a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.			
	Based on observation, the facility created 1 condition which failed to provide a healthful environment that minimized infection exposure and risk to patients, employees and visitors. Findings: 1. On 10-14-2015 at 10:05 am, in the presence of employee #A3, Plant Operations Manager, it was observed in physical therapy housekeeping closet at the Brownsburg offsite facility, there were 19 rolls of toilet paper, 4 rolls of handtowels, and 43 packages of hand towels stored on a shelf. The items were uncovered and not in the shipping boxes. It was also observed in the closet, there was a mop basin, in which to empty dirty mop buckets. 2. The exposure of the items to potential cross-contamination posed an infection exposure and risk to patients, employees and visitors.	S 0554	Deficiency was corrected on 12/1/2015. Contracted EVS manager re-educated contracted EVS staff about proper storage of supplies in housekeeping closets, specifically that supplies were to be covered with plastic at all times, not stored in outside shipping boxes, and not stored on the floor. Training was completed by 12/01/2015 and documented in contracted EVS provider's electronic system. To prevent future deficiencies, routine rounding of EVS closets will be performed to ensure compliance (at a minimum once per month). The General Manager of Environmental Services will be responsible. Deficiency was corrected 12/01/2015.	12/01/2015
S 1118	410 IAC 15-1.5-8			

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Bldg. 00	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, document review and interview, the hospital created conditions which resulted in a hazard to patients, public or employees in 5 instances. Findings: 1. On 10-14-2015 at 10:20 am in the presence of employee #A3, Plant Operations Manager, it was observed in the mechanical room of the Brownsburg offsite facility there was a caustic chemical reagent used for water testing. The label on the reagent indicated for contact with skin, or eyes, flush 20 minutes with water. 2. At the above date and time, it was also observed there was no eyewash station in the immediate area. 3. In the above instance, if the chemical	S 1118	Items 1,2,3: The water testing process was moved to the casting room in the clinic where an eyewash station is present. Correction was completed on 10/15/2015. To prevent future deficiencies, the process was permanently moved to a compliant area and maintenance staff was educated on new water testing location on 10/15/2015. The Plant Operations Manager will be responsible. This was corrected on 10/15/2015. Items 4,6: The gas cylinder of air standing upright on the floor unsecured by chain or holder was immediately chained and corrected by Plant Operations staff member on 10/14/2015. To prevent future deficiencies, reviewed PolicyStat ID 1338336, entitled Medical Gas Systems by Plant Operations Manager with maintenance staff highlighting the safety and handling of medical gas cylinders completed on 10/15/2015. A quality indicator	02/12/2016

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	splashed into someone's eye, the person would not be immediately able to flush their eye for 20 minutes. 4. On 10-14-2015 at 10:30 am in the presence of employee #A3, it was observed in the gas storage room of the Brownsburg offsite facility, there was 1 large compressed gas cylinder of air standing upright on the floor unsecured by chain or holder. 6. Review of a facility PolicyStat ID: 1338336, entitled Medical Gas Systems, Last Revised: 06/2015, indicated all cylinders shall be properly secured with chains in the medical gas room. 7. While on tour of facility areas on 10/14/15 and 10/15/15, accompanied by P15 (Chief Nursing Officer), Getinge brand blanket warmer temperatures ranged between 134-136 degress Fahrenheit. 8. Review of policy 1560359, titled Use of Equipment, revised/reapproved 7/2015, indicated manufacturer's suggested guidelines shall be followed when using equipment. 9. Review of Manufacturer's User Manuel for Getinge brand blanket warmers, on 10/15/15 at approximately 1400 hours, indicated on pg.:		for OIH West has been developed to track the compliance of proper storage of gas cylinders and will be effective as of 01/01/2016. The Plant Operations Manager will be responsible. This was corrected on 10/14/2015. Items 7, 8, 9, 10: PolicyStat ID 2001610, entitled Use of Equipment was revised to state: Blanket warmers will not exceed the AORN (Association of periOperative Registered Nurses) recommended temperature of 130 degrees Fahrenheit. All blanket warmers will have alarms set not to exceed 130 degrees Fahrenheit. In the event a warmer exceeds the maximum of 130 degrees Fahrenheit, warmer will not be used and Plant Operations will be notified. Blanket warmer alarms have been set to not exceed 130 degrees Fahrenheit and will sound if temperature is exceeded. Notification is posted on all warmers. Staff was educated on 01/07/02016 to notify Plant Operations if alarm sounds. Safety rounds will be conducted to confirm alarm settings. Any alarms will be reported via the incident reporting system. The Plant Operations Manager will be responsible. All alarms were adjusted to 130 degrees Fahrenheit and education was complete on 01/07/2016. Policy was edited on 01/07/2016 and approved by Policy Committee on 01/07/2016 and will be submitted	

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	A. ii, Description of Symbols & Notes in Manual. The following symbols with related notes appear in this manual: "Warning" notes alert the user to the possibility of serious personal injury. B. 2-5, under Selecting the Set Point Temperature, warning symbol: BURN HAZARD. Items heated to over 49 degrees Celcius (120 degrees Fahrenheit) can burn skin. Keep items that may contact skin at temperatures below 49 degrees Celcius (120 degrees Fahrenheit). 10. In interview, on 10/15/15 at approximately 1420 hours, employee P15 confirmed the above-mentioned blanket warmers were set above manufacturer's recommendation and the blankets are used for patients. There are no logs for blanket warmer temperatures.		for approval by Medical Executive Committee on 02/20/2016 and Hospital Governing Committee on 02/12/2016.	