

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/24/2011
NAME OF PROVIDER OR SUPPLIER PARKVIEW HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 RANDALIA DR FORT WAYNE, IN46805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	<p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00096882</p> <p>Substantiated: Deficiency cited related to the allegations.</p> <p>Date: 10-24-11</p> <p>Facility Number: 005020</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: claughlin 11/23/11</p>	S0000			

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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S1172	<p>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 upon document review, observation, and interview, the facility failed to follow its policy/procedure to maintain a clean and orderly environment and guard against the transmission of disease in two areas observed during a tour of the facility.</p> <p>Findings:</p> <p>1. The policy/procedure Vent Cleaning Procedure (revised 04-05) indicated the following: "To clean exterior of ceiling vents on an as needed basis. Interior duct work is to be cleaned by Facilities Engineering."</p> <p>2. During a tour of isolation room #452 on 10-24-11 at 1245 hours, the following</p>	S1172	<p>Plan of Correction: 1. Inspections: · Facilities: Added internal vent cleaning to the monthly Preventative Maintenance (PM) schedule (starting in Dec. 2011). Vents will be checked each month. If needed the grill cover will be removed and cleaned and the vent itself will be cleaned. · Housekeeping: Completed monthly inspections throughout the facility paying special attention to the vents. All vents noted during the inspections have been cleaned. Fourth floor inspections were completed on 10/24/11 and 11/14/11. · Infection Prevention: Reviewed patient records for seven positive Klebsiella pneumonia cultures to identify possible trends related to vent cleaning on 4 th floor. All</p>	11/23/2011			

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	<p>condition was observed: a 6" x 14" wall exhaust vent grille with a heavy accumulation of dust across the dividing vanes. The dust accumulation was visible across the patient room. The bathroom ceiling exhaust was also observed to have accumulated dust on the dividing vanes.</p> <p>3. During an interview on 10-24-11 at 1247 hours, staff #A1 confirmed that the grille was visibly soiled with dust.</p> <p>4. On 10-24-11 at 1355 hours in isolation room #453, the following condition was observed: a 6" x 14" wall exhaust vent grille with a heavy accumulation of dust across the dividing vanes.</p>		<p>seven cases were found to have been present on admission. Monitoring was completed consisting of a review of daily microbiology reports for potential HAIs, potential transmission, trends, organisms of public health significance, in addition to review of chief complaints, admitting diagnoses, and pertinent signs and symptoms. Nothing was identified to indicate any links between the seven cases. 2. Policy: Verified housekeeping policy ("Vent Cleaning") clearly defines all procedures that apply to vent cleaning processes on 11/15/11. 3. Housekeeping Work Schedule: Verified housekeeping work schedules include high dusting (a part of vent cleaning), is included in our room cleaning procedures for all areas/rooms on the fourth floor on 12/2/11. 4. In-service: Reviewed vent cleaning expectations at daily huddles on 10/25/11 thru 11/30/11. Housekeeping leader will review vent cleaning expectations at the Housekeeping departmental meeting scheduled for 12/13/11. 5. Training: · Housekeeping: Completed one on one training on 10/24/11 with co-workers assigned to the fourth floor including the more aggressive vent cleaning procedures. · Facilities: Identified a key individual routinely responsible for vent checks and cleaning and trained that individual regarding</p>		

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			<p>the new PM schedule. 6. Work Orders: Housekeeping staff have been advised and unit staff will be advised to report vents that need a work order to clean the interior of the vent. Housekeeping leaders are submitting work orders for vent cleaning as needed. 7. Vent cleaning is routinely scheduled with both Housekeeping (external cleaning) and Facilities (internal cleaning). Both Housekeeping and Facilities monitor the completion of scheduled activities to ensure those activities are completed as scheduled. Infection Prevention routinely reviews infections to identify trends or links and potential sources that need to be addressed. These actions will ensure that the vents remain appropriately cleaned.</p>		