

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150074	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 N RITTER AVE INDIANAPOLIS, IN 46219
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S 0000 Bldg. 00	<p>This survey was for a State hospital complaint investigation.</p> <p>Complaint # IN00186984 Substantiated; State deficiency related to the allegations is cited.</p> <p>Date of Survey: 02/18/2016</p> <p>Facility Number: 005068</p> <p>QA: cjl 03/17/16</p>	S 0000		
S 0610 Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(x)</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:</p>			

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>(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>(x) A program of food preparation and storage for all personnel involved in food handling which includes, but is not limited to, the following:</p> <p>(AA) Storage of employee food in patient refrigerators.</p> <p>(BB) Medications in nutrition refrigerators.</p> <p>(CC) Refrigerator and freezer temperature monitoring.</p> <p>Based on document review, observation and interview, the hospital failed to ensure proper storage of raw meat and cooked ready-to-eat food in the Dietary Department.</p> <p>Findings included:</p> <p>1. 410 IAC 7-24-173 states: food shall be protected from cross contamination by separating raw animal foods during storage, preparation, holding and display from cooked ready-to-eat food.</p>	S 0610	<p>1) How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <p>·The deficiency was immediately corrected at the time of the survey- 2/18/16</p> <p>·We have implemented a 'raw' shelf only in the refrigerator – completed 3-7-2016</p> <p>·We have trained all team members on proper storage of food, the training is documented in their employee files-</p>	03/09/2016

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	<p>2. At 12:05 PM on 2/18/2016, the Cooks Walk-in Refrigeration Unit was observed with two cases of raw bacon stored on two cases of diced white/dark ready-to-eat chicken meat. Located in another part of the cooler was a pan of raw flank steaks stored next to a pan of seasoned ready-to-eat chicken strips.</p> <p>3. In interview at 12:05 PM on 2/18/2016, staff #5 (Kitchen Production Supervisor) confirmed all the above.</p>		<p>completed 3-9-2016</p> <p>2) How are you going to prevent the deficiency from recurring in the future? ·We are completing twice daily inspections of the refrigerators, correcting/coaching/counseling as deficiencies are spotted started on 3-7-16</p> <p>3) Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.? ·Managers and Supervisors are responsible for the walk thru of the departments for proper storage inspections- at this time #1 has already been completed and fully implemented</p> <p>4) By what date are you going to have the deficiency corrected? You must provide a specific date the deficiency will be or</p>	

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			has been corrected (month, day, and year) in the "Completion Date" column. The maximum correction time allowed is thirty (30) days from the date of the survey. <u>Corrected by March 9th, 2016</u>		