

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151306	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/19/2011
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 642 W HOSPITAL RD PAOLI, IN47454		
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S0000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 005065</p> <p>Dates: 7-18-11 through 7-19-11</p> <p>Surveyors:</p> <p>Billie Jo Fritch, RN, BSN, MBA Public Health Nurse Surveyor</p> <p>Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>Ken Zeigler Laboratory Surveyor</p> <p>Deborah Franco, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 08/11/11</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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S0406	<p>410 IAC 15-1.4-2(a)(1)</p> <p>(a) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor. Based on document review and interview, the facility failed to include all services, including those provided by a contractor, in the facility Quality Assurance and Performance Improvement (QAPI) program.</p> <p>Findings include:</p> <p>1. Review of facility documents on 7-19-11 lacked evidence that the direct services of pediatrics, cardiac rehabilitation and medication errors were included in the facility QAPI program; facility documents lacked evidence that the contracted services of bioengineering, laboratory and linen/laundry were included in the facility QAPI program.</p> <p>2. Interview with #S8 on 7-19-11 at 1350 hours confirmed the direct services of pediatrics, cardiac rehabilitation and medication errors are not included in the</p>	S0406	Quality indicators related to direct services of pediatrics, cardiac rehabilitation and medication errors have been included in the facility QAPI program. Currently cardiac rehabilitation numbers for Indiana University Health Paoli are combined with Bloomington Cardiac Rehab and reported on the Bloomington Cardiac Rehabilitation Scorecard as "all sites". A Paoli site specific scorecard is being developed. The following pediatric indicators will be added to the nursing scorecard: pediatric fall assessment and weights in kilograms. Data collection to start 9/1/2011. The	08/22/2011	

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	facility QAPI program and the contracted services of bioengineering, laboratory, and linen/laundry are not included in the facility QAPI program.		<p>Nursing OB/Medical Surgical Manager will monitor pediatric indicators, Cardiac Rehabilitation Manager will monitor the cardiac rehabilitation indicators and Pharmacy Director will monitor medication events. Findings will be collected quarterly and reported twice a year to the IU Health Paoli Quality Council. Copy of scorecards submitted.</p> <p>Reference laboratory service indicator related to timely return of tests has been included on the Laboratory Scorecard. The Laboratory Manager monitors the indicator which includes all reference testing sites currently in use. Findings have been collected quarterly and reported twice a year to the IU Health Paoli Quality Council. Copy of Laboratory Scorecard submitted.</p> <p>Orange County Hospital was purchased by Bloomington Hospital in</p>		

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			<p>January of 2000. At that time Bioengineering and Laundry/Linen services were provided by Bloomington as part of the ownership. An indicator related to Bioengineering has been included on the Maintenance Scorecard and an indicator related to laundry and linen service has been added to the Housekeeping Scorecard. Maintenance and Housekeeping Managers, respectively, will monitor indicators, collect findings quarterly and report twice a year to the IU Health Paoli Quality Council. Copies of scorecards submitted.</p> <p>Completed: August 22, 2011</p>		

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S1164	<p>410 IAC 15-1.5-8(d)(2)(B)</p> <p>(d) The equipment requirements are as follows: (2) There shall be sufficient equipment and space to assure the safe, effective, and timely provision of the available services to patients, as follows:</p> <p>(B) There shall be evidence of preventive maintenance on all equipment. Based on observation, document review and interview, the facility failed to provide evidence of preventative maintenance on 1 of 1 Olympus OER Pro endoscopy processors in the Surgical Services Department.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. During tour of the surgical services area on 7/19/2011 beginning at 10:00 AM in the presence of P1 and P16, one Olympus OER Pro endoscopy processor was observed in the processing room. 2. Review of the manufacturer's guidelines for the Olympus OER Pro endoscopy processor revealed recommendations for daily, weekly, and monthly scheduled maintenance of the equipment. This scheduled maintenance included monthly replacement of the gas filter, air filter, and water filter. 	S1164	<p>The daily, weekly, and monthly scheduled maintenance of the Olympus OER-Pro endoscopy processor was reviewed by the Surgery Manager and surgery staff in discussion with the Olympus representative August 17, 2011.</p> <p>Review of Reuse Lives of the OER-Pro filters indicated a specific replacement schedule for the Air Filter every 30 days. It was noted whenever the Vapor Filter efficacy is obviously decreased or, in the case of the Water Filter, every 6 months or more frequently depending on water quality . Copy of submitted. Since the</p>	08/29/2011	

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	3. During interview with P1 and P16 on 7/19/2011 beginning at 10:00AM, P1 and P16 indicated that apart from the daily testing, no other preventative maintenance had been performed on the equipment.		efficacy and water quality cannot be confirmed to our satisfaction IU Health Paoli has chosen to replace the gas, air and water filters at the minimum time interval of monthly. The Surgery Manager will monitor the changing schedule and report twice a year to the Policy and Filter Change Log submitted. Completed: August 29, 2011		