

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150161	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 11700 N MERIDIAN ST CARMEL, IN 46032
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S 0000 Bldg. 00	<p>This visit was for a State hospital licensure survey.</p> <p>Dates: 6/2/2015 through 6/4/2015</p> <p>Facility Number: 004171</p> <p>QA: cjl 06/30/15</p>	S 0000	<p>Plan of Correction Text: The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, Indiana University Health North Hospital ("Hospital") has taken or is planning to take the actions set forth in the following Plan of Correction. This Plan of Correction constitutes the Hospital's compliance. All alleged deficiencies cited have been or are to be corrected by the dates/times indicated.</p> <p>A. Tag S544: Infection Control¹. (Responsive to Paragraphs 3-4): Temperature checks will be conducted by Facilities at Midnight and temperatures will be logged. Facilities will lock in a temperature of 68-75 degrees in accordance with AORN guidelines. Facilities manager is responsible.² (Responsive to Paragraph 5): Surgical department will conduct monthly inspections of refrigerators to ensure expired products, including IV fluids, are discarded. Monthly audits will be conducted for six (6) months to measure compliance. Director, Surgical Services is responsible. ³. (Responsive to Paragraph 7): Post-Partum will place the first</p>	
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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>item to expire on the top of each hemorrhage cart. Each hemorrhage cart will be checked daily for expired product. Weekly audits for three (3) months will be conducted to measure compliance. Manager, Post-Partum is responsible. 4. (Responsive to Paragraph 9): ED will conduct monthly inspections, complete logs, and discard any expired product. Monthly audits for six (6) months will be conducted to measure compliance. Director, Emergency Department is responsible. B. S912: Nursing Service1. (Responsive to Paragraphs 1-4): ED has incorporated a Pain Management procedure into its Vital Signs policy as the "Fifth Vital Sign". Policy includes procedures for initial pain assessment and ongoing pain re-assessments, as well as interventions and documentation guidelines. Clinical coordinator will conduct 10 EHR audits for 3 months to measure compliance. Responsible person: clinical coordinator and ED Director2. (Responsive to Paragraphs 5-7): Nursing care guidelines for post circumcision care assessments and documentation to include assessments to check for bleeding and swelling 30 min and 1 hour post-procedure; communication to team members regarding any post-procedure complications; and weekly audits</p>	

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S 0554 Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(a)</p> <p>(a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p> <p>Based on documentation review, observation and staff interview, the facility failed to ensure that 6 of 8 operating rooms met the required temperature as defined by AORN Perioperative Standards and by checking supplies to prevent outdated usage in the Surgical, Obstetrical, and Emergency Departments.</p> <p>Findings included:</p>	S 0554	<p>for three (3) months to measure compliance. Post-Partum/Nursery manager is responsible.C. S1118: Physical Plant1. (Responsive to Paragraphs 1-2) Enteral feedings and formula will be stored in covered boxes in Materials. Enteral feedings and formula are stored in closed cabinets in nutrition or medication rooms on the units. Materials manager has met with each unit manager regarding preference for placement of enteral feedings/formula. Responsible persons are Materials manager and unit managers.</p> <p>Plan of Correction Text: The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, Indiana University Health North Hospital ("Hospital") has taken or is planning to take the actions set forth in the following Plan of Correction. This Plan of</p>	07/16/2015	

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	<p>1. Indiana University North Hospital Surgical Services Plan for the Provision of Patient Care and Services policy (last revised December 2014) stated, "Clinical Performance: develop and implement activities to always maintain the highest level of care to the standards of the Indiana State Department of Health, AORN, CDC..."</p> <p>2. AORN supports the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) guidelines on temperature ranges for perioperative settings. The Operating Rooms temperature range should be between 68 F and 73 F.</p> <p>3. Eight operating rooms' temperature logs were reviewed between 5/24/2015 and 6/1/2015. Six of the eight operating rooms evidenced that the average daily temperature failed to exceed 67 degrees Fahrenheit: 1, 2, 4, 6, 7 and 12.</p> <table border="1"> <thead> <tr> <th>OR#</th> <th>AVG Daily Temp.</th> </tr> </thead> <tbody> <tr><td>1</td><td>66.9</td></tr> <tr><td>2</td><td>66.5</td></tr> <tr><td>4</td><td>65.2</td></tr> <tr><td>5</td><td>68.2 ok</td></tr> <tr><td>6</td><td>66.5</td></tr> <tr><td>7</td><td>66.5</td></tr> <tr><td>11</td><td>67.8 ok</td></tr> </tbody> </table>	OR#	AVG Daily Temp.	1	66.9	2	66.5	4	65.2	5	68.2 ok	6	66.5	7	66.5	11	67.8 ok		<p>Correction constitutes the Hospital's compliance. All alleged deficiencies cited have been or are to be corrected by the dates/times indicated. A. Tag S544: Infection Control 1. (Responsive to Paragraphs 3-4): Temperature checks will be conducted by Facilities at Midnight and temperatures will be logged. Facilities will lock in a temperature of 68-75 degrees in accordance with AORN guidelines. Facilities manager is responsible. 2. (Responsive to Paragraph 5): Surgical department will conduct monthly inspections of refrigerators to ensure expired products, including IV fluids, are discarded. Monthly audits will be conducted for six (6) months to measure compliance. Director, Surgical Services is responsible. 3. (Responsive to Paragraph 7): Post-Partum will place the first item to expire on the top of each hemorrhage cart. Each hemorrhage cart will be checked daily for expired product. Weekly audits for three (3) months will be conducted to measure compliance. Manager, Post-Partum is responsible. 4. (Responsive to Paragraph 9): ED will conduct monthly inspections, complete logs, and discard any expired product. Monthly audits for six (6) months will be conducted to measure compliance. Director, Emergency Department is responsible.</p>	
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12	66.0 4. At 2:15 PM on 6/3/2015, staff member #4 (Director of Operations) confirmed that 6 of 8 operating rooms daily temperatures were not complying with AORN standards of 68 degrees Fahrenheit. 5. During the tour of the Surgical Department at 12:50 PM on 06/02/15, accompanied by staff member #18, the shift coordinator, two of two 1000 milliliter (ml.) bags of Lactated Ringers intravenous (IV) fluid, with an expiration date of April 2015, were observed in a refrigerator in the sterile corridor of Pod 2. 6. At 12:50 PM on 06/02/15, staff member #18 indicated the refrigerator should be checked monthly by staff and outdated supplies discarded. 7. During the tour of the Obstetrical Post-Partum Unit at 2:45 PM on 06/02/15, accompanied by staff member #6, the Director of Quality, #8, the Medical Staff Office Coordinator, and #19, the Unit Manager, the following items were observed in the emergency post-partum hemorrhage cart: A. Two of two blue top lab tubes with an expiration date of 03/15.			

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	<p>B. Two of two red top lab tubes with an expiration date of 05/15.</p> <p>C. One of one lavender top lab tube with an expiration date of 03/15.</p> <p>D. One of one 500 ml. bag of 0.9% Normal Saline IV fluid with an expiration date of Aug. 2014.</p> <p>E. Two of two Foley catheter kits with an expiration date of 05/2015.</p> <p>F. Two of two packages of sterile gauze with an expiration date of 03/2015.</p> <p>8. At 2:45 PM on 06/02/15, staff member #19 indicated all supply areas were checked monthly, but indicated the cart was apparently missed.</p> <p>9. During the tour of the Emergency Department at 8:45 AM on 06/03/15, accompanied by staff members #6, #8, #22, the shift coordinator, and #23, the Director, the following items were observed in the suture cart:</p> <p>A. One box of 3.0 suture with an expiration date of Jan. 2015.</p> <p>B. One package of 5.0 suture with an expiration date of Jan. 2015.</p> <p>C. Four of seven disposable scalpels, one expired 07/2013, one expired 12/2014, and two expired 03/2015.</p> <p>10. At 9:00 AM on 06/03/15, staff member #23 indicated all supply areas were checked monthly, but this cart was</p>			

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S 0912 Bldg. 00	<p>probably just restocked and all dates weren't checked.</p> <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based on document review and</p>	S 0912	B. S912: Nursing Service1. (Responsive to Paragraphs 1-4):	07/16/2015
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	<p>interview, the nurse executive failed to ensure pain assessments were done according to policy and protocol for 3 of 4 patients treated in the Emergency Department (ED) (#P17, #P20, and #P21) and failed to ensure their Nursing Care Guidelines for the Newborn were followed for 1 of 1 newborns who were circumcised (#P12).</p> <p>Findings included:</p> <p>1. The facility policy "Pain Assessment and Management", effective 08/29/12, indicated, "A. Admission/Initial Pain Assessment: 1. Assessment of the presence or absence of pain, specific to the growth and development of the patient, is done upon admission/entry into [facility] according to [facility] Patient Care Policy: Documentation Standards-Inpatient. ...C. Pain Reassessment: ...2. For both pharmacological and non-pharmacological pain interventions, effectiveness of the intervention is evaluated through reassessment. 3. Reassessment minimally includes a pain score/intensity and may also include location, and description/quality. ...5. Documentation of reassessments of pain must be completed. Recommendations for frequency of reassessments are: a. IV [intravenous] medications: reassess within 15- 30 minutes. b. Oral</p>		<p>ED has incorporated a Pain Management procedure into its Vital Signs policy as the "Fifth Vital Sign". Policy includes procedures for initial pain assessment and ongoing pain re-assessments, as well as interventions and documentation guidelines. Clinical coordinator will conduct 10 EHR audits for 3 months to measure compliance. Responsible person: clinical coordinator and ED Director2. (Responsive to Paragraphs 5-7): Nursing care guidelines for post circumcision care assessments and documentation to include assessments to check for bleeding and swelling 30 min and 1 hour post-procedure; communication to team members regarding any post-procedure complications; and weekly audits for three (3) months to measure compliance. Post-Partum/Nursery manager is responsible.</p>		

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	<p>medications: reassess within 60 minutes."</p> <p>2. Medical record #P17 indicated the patient arrived at the ED at 2039 hours on 01/14/15 with a chief complaint of abdominal pain. A pain score of 9 (based on a 1- 10 scoring system) was documented at 2121 hours on 01/14/15. The patient received medication for pain intravenously (IV) at 2340 hours on 01/14/15 and at 0120 hours and 0355 hours on 01/15/15, but the record lacked any further documentation of pain reassessments.</p> <p>3. Medical record #P20 indicated the patient arrived at the ED at 2214 hours on 03/08/15 with a chief complaint of chest pain. The patient did not receive any medication for pain, but had no pain assessment score documented until 0122 hours on 03/09/15 when he/she was discharged from the facility with a score of 5.</p> <p>4. Medical record #P21 indicated the patient arrived at the ED at 2254 hours on 03/14/15 with a chief complaint of sore throat, cough and headache and had an initial pain score of 8 documented during triage at 2257 hours. The patient received oral pain medication at 2332 on 03/14/15 and was discharged an hour later, but no additional pain reassessment</p>			

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S 1118 Bldg. 00	<p>was documented.</p> <p>5. The facility "Nursing Care Guidelines for the Newborn" used for infant care indicated, "Circumcision Care: Check for bleeding and swelling after circumcision and at 30 minutes, 1 hour and 2 hours following procedure."</p> <p>6. Medical record #P12 indicated a newborn infant was circumcised at 1303 hours on 02/02/15 with circumcision checks documented at 1305 hours and 1334 hours, but with no additional checks at 1 hour and 2 hours following the procedure.</p> <p>7. At 9:30 AM on 06/04/15, staff member #P26, the Infomatics Coordinator, confirmed the medical record findings. Staff member #19, the manager of the nursery, also confirmed the lack of documentation of the circumcision checks.</p> <p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (b)(2)</p> <p>(b) The condition of the physical</p>				

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	<p>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:</p> <p>(2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on observation, document review and interview, the facility failed to ensure high-protein Enteral tube-feeding supplements were stored properly in the Materials Handling Department.</p> <p>Findings included:</p> <p>1. At 1:30 PM on 6/3/2015, the Material's Handling Department was observed storing Abbott Enteral Feeding supplements on wired shelves under florescent ceiling lights. The large storage room was a well lit room. The staff were observed with carton's sides cut open exposing assorted Abbott Enteral Feeding supplements. Assorted loose nutritional tube-feeding supplements were also observed stored on the cases and the wire shelving racks.</p> <p>2. The manufacturer Abbott product label of the assorted Enteral ready-to-eat nutritional supplements states, "Contain light sensitive nutrients." The manufacture indicates artificial light</p>	S 1118	C. S1118: Physical Plant1. (Responsive to Paragraphs 1-2) Enteral feedings and formula will be stored in covered boxes in Materials. Enteral feedings and formula are stored in closed cabinets in nutrition or medication rooms on the units. Materials manager has met with each unit manager regarding preference for placement of enteral feedings/formula. Responsible persons are Materials manager and unit managers.	07/16/2015

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	degrades vitamins such as riboflavin (B2), B6, and vitamin A. Vitamins losses occur gradually at low light exposure and faster in bright light. The manufacturer states, "Store product in the shipper or store on covered shelves or in closed cabinet prior to use."				