

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER ST VINCENT CARMEL HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13500 N MERIDIAN ST CARMEL, IN 46032
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S000000	<p>This visit was for a State hospital licensure survey.</p> <p>Dates: 1/13/2015 through 1/15/2015</p> <p>Facility Number: 003932</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Nancy Otten, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 02/10/15</p>	S000000		
S000554	<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>			

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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S000610	<p>Based on observation and interview, the hospital failed to maintain a safe and healthful environment in the surgery department and PACU (post anesthesia care unit).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. While touring the surgery department and PACU, on 1/13/2015, at 1100 hours, it was observed that there was dust and debris in drawers and on the tops of two crash carts and one malignant hyperthermia cart. 2. Staff member #28 concurred and indicated that it needed to be addressed with pharmacy and housekeeping services, who are responsible for cart cleanliness. <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</p>	S000554	Cover removed and cart cleaned immediately on 1/13/15. New cover also replaced on same day. At the end of each month, the code cart will be dusted and wiped down with the cover replaced. First monthly cycle completed 1/30/15. Director, Surgical Services is responsible for this process and it will be monitored by inclusion on Surgical Services Dashboard.	01/30/2015			

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	<p>not be limited to, the following: (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 documentation review and observation, the hospital failed to ensure the main kitchen cooked and held ready-to-eat food with the hot and cold holding requirements defined in 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.</p> <p>Findings included:</p> <p>1. Indiana Retail Establishment Sanitation Requirements; Title 410 IAC 7-24 indicated cooking of raw poultry shall be cooked to heat all</p>	S000610	<p>2&3 – Identified below temperature foods were returned to the kitchen for re cooking/reheating (1/13/15). On 2/16/15, new process initiated where food temperatures are taken only in kitchen. Food will not come to serving line area or warming cabinet until proper cook temperature reached and verified. Additionally, warming cabinet temperature increased on 1/13/15 to ensure proper food holding temp. Temperature verified daily prior to placing food in warmer. 4. Items above temperature discarded immediately on 1/13/15. Cooling table maintenance requested and responded to immediately on 1/13/15. Temperature of table lowered and verified on 1/13/15.</p>	02/25/2015

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	<p>parts of the food to a temperature of one hundred sixty-five (165) degrees Fahrenheit or above for fifteen (15) seconds. However, except during preparation, cooking, or cooling; potentially hazardous food shall be maintained at one hundred thirty-five (135) degrees Fahrenheit or above or at forty-one (41) degrees Fahrenheit or less.</p> <p>2. Breaded raw chicken nuggets were observed removed from the deep fryer in the kitchen; then the raw battered chicken nuggets were taken to the cafeteria to be placed on the serving line. The internal temperature of the chicken nuggets temperature tested between 141 and 148 degrees Fahrenheit with a thermal-coupler. Another container of battered chicken nuggets were in the warming cabinet which was set on 170 degrees Fahrenheit. However, the chicken nuggets in the warming cabinet registered 155 degrees Fahrenheit. Therefore, the two</p>		<p>On 2/20/15, permanent thermometer to easily read cooling table temperature installed and will be documented two times per day prior to food placement. Cold food will be temperature verified in kitchen prior to placement on cooling table. 2, 3, and 4 – Temperature measurement will be placed on Food Services Dashboard and reported to Patient Safety and Quality Committee twice per year. Director, Food Services is responsible for monitoring and compliance.</p>	

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S001118	<p>containers of breaded raw chicken nuggets were not cooked to at least 165 degrees Fahrenheit.</p> <p>3. The cafeteria serving line had cooked shrimp and cooked rice on the serving line. The shrimp and rice were not the required hot holding minimum temperature of 135 degrees Fahrenheit. The shrimp and rice were temperature tested 125 and 105 degrees Fahrenheit respectively.</p> <p>4. The cottage cheese and feta cheese were temperature tested at 50 and 49 degrees Fahrenheit respectively on the cafeteria's salad bar. The cold holding salad bar unit was not maintaining the required cold holding temperature of 41 degrees Fahrenheit or less for the cold food placed on the cold line.</p> <p>410 IAC 15-1.5-8 PHYSICAL PLANT</p>			

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	<p>410 IAC 15-1.5-8 (b)(2)</p> <p>(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:</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 documentation review and observation, the hospital failed to ensure the dietary departments were using the food-contact sanitizer as defined by the manufacturer requirements.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Product Specification Document for Oasis 146 Multi-Quat Sanitizer is an effective sanitizer on food-contact surfaces when used 150 to 400 ppm (parts per million) active quat. At 10:38 AM on 1/13/2015, the Main Dietary Kitchen was toured. Three of three red sanitizing buckets were observed with less 	S001118	<p>2&3 -Dispensing calibration changed to 400ppm for Oasis 146 Multi-Quat Sanitizer. Food Services team validated that new dispensing calibration results in a solution that remains at a proper concentration for 4 hours after multiple observations completed by 2/20/15. Periodic audit results for continued proper strength will be placed on Food Services Dashboard and reported to Patient Safety and Quality Committee twice per year as scheduled. Director, Food Services is responsible for this plan of correction.</p>	02/20/2015			

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S001164	<p>than 100 ppm of Oasis 146 quat sanitizer. The wiping cloths from these buckets were observed used on the kitchen's prep tables.</p> <p>3. At 11:00 AM on 1/14/2015, the Waterfall Coffee Shop was inspected. One of one red sanitizing bucket contained less than 100 ppm Oasis 146 Quat sanitizer.</p> <p>410 IAC 15-1.5-8 PHYSICAL PLANT 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: (B) There shall be evidence of preventive maintenance on all equipment.</p> <p>Based on document review and staff interview, the facility failed to assure preventive maintenance was conducted on Environmental Service's Rehabilitation wooden steps.</p>	S001164	Risk assessment completed on stairs with result of annual maintenance required on 2/20/15. Annual PM completed same day. Director, Facility Services is responsible for on-going compliance. PM's are monitored through computerized	02/20/2015

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	<p>Findings included:</p> <ol style="list-style-type: none"> 1. St. Vincent Carmel Hospital Medical Equipment Management Plan (last approved June 2014) states, "Medical Equipment- Fixed and portable equipment used for diagnosis, treatment, monitoring, and direct care of individuals. The Clinical Engineering Associates manage the schedule and timely completion of the calibration, inspection, and maintenance activities required for for safe, reliable performance of medical equipment." 2. Review of facility documents on 1/13/2015 indicated the hospital lacked evidence of preventive maintenance on the Rehabilitation wooden steps. 3. At 10:30 AM on 1/13/2015, staff member #10 confirmed the Rehabilitation wooden steps was not on a preventive maintenance schedule. 		tracking on a monthly basis.				

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

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