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

PRINTED: 07/11/2012 FORM APPROVED OMB NO. 0938-0391

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		ONSTRUCTION 00	(X3) DATE COMPL			
		150100	B. WIN			04/12/	/2012		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE					
ST MAR	Y'S MEDICAL CEN	TER OF EVANSVILLE INC		EVANSVILLE, IN 47750					
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	`	ENCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION		
TAG S0000	REGULATORY OF	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE		
	This visit was fo	r one State hospital	S00	00					
	complaint surve	•							
		•							
	Complaint # IN00104001								
	Substantiated; definiciency related to								
	allegations is cited.								
	F ::: // 005000								
	Facility #: 0050	89							
	Survey Date(s):	4/12/12							
	Ken Ziegler								
	Medical Surveyor								
	,								
	QA: claughlin 0	5/18/12							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ((X3) DATE SURVEY COMPLETED		
150100		A. BUILDING	00	04/12/2012	
NAME OF B	DOMDED OD GUDDI IED		B. WING STREET	T ADDRESS, CITY, STATE, ZIP CODE	
	ROVIDER OR SUPPLIER			WASHINGTON AVE	
	'S MEDICAL CENT	TER OF EVANSVILLE INC	EVAN	SVILLE, IN 47750	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE
S0610	410 IAC 15-1.5-2	<u> </u>			
	INFECTION CO				
	410 IAC 15-1.5-2	2(f)(3)(D)(x)			
	(f) The hospital s	shall establish an			
		committee to monitor			
	and guide the inf program in the fa				
		control committee			
	responsibilities s				
	not be limited to,	•			
	(D) Reviewing and recommending changes in procedures, policies, and programs				
	which are pertinent to infection				
	limited to, the following	nclude, but are not lowing:			
	minica to, the for	lowing.			
		of food preparation			
		all personnel involved which includes, but			
	is not limited to, t				
	(AA) Storage of	omployee food in			
	(AA) Storage of employee food in patient refrigerators.				
	(BB) Medications refrigerators.	s in nutrition			
	(CC) Refrigerator and freezer temperature monitoring.				
	•	oservation, the facility	S0610	Preparation and execution of this	06/05/2012
	•	e that the infection		response and plan of correction do not	
		ittee had assured that		constitute an admission or agreement by the	
		food preparation and		provider of	
				the truth of the facts alleged or conclusions	
	storage program met applicable temperature requirements as required by 410 IAC 7-24, Retail			set forth in the statement of	
				deficiencies. This plan of correction is prepared	
				and/or executed solely because it is require	nd
	Food Establish	nment Sanitation		by the	
ı I			1		ı

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				2) MULTIPLE CONSTRUCTION		(X3) DATE S	
AND PLAN OF CORRECTION				. BUILDING 00		COMPLETED	
150100		B. WIN	IG		04/12/	2012	
NAME OF I	PROVIDER OR SUPPLIER	· }			ADDRESS, CITY, STATE, ZIP CODE		
OT MADVIO MEDICAL CENTED OF EVANOVILLE INC					ASHINGTON AVE		
	T MARY'S MEDICAL CENTER OF EVANSVILLE INC			EVANS	VILLE, IN 47750		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	COMPLETION DATE
		for five of six			provisions of federal and state		
	hot/cold service				Credible Allegation of Compliance:		
		ce areas in the			For the purpose of any allegation that	at	
	cafeteria.				St. Mary's Medical Center (St. Mary's) is not in substantial compliance with		
					IndianaAdministrative Code IAC 15-2		
	Findings inclu	ide:			and accompanying regulations, this response constitutes St. Mary's		
					allegations of compliance.		
	1. Review of t	the section, "Holding			Credible Allegation of Correction:		
	Temperatures'	", contained in the			Even though St. Mary's disputes the allegations and the Indiana State		
	Retail Food Establishment				Board of Health's claim that St. Mary		
	Sanitation Requirements, Effective 11/13/04, read:				is in violation of Indiana Administrat Code IAC 15-2 and accompanying	ive	
					regulations, St. Mary's submits the		
	·				following as the credible allegation of correction. For each of the following		
	"410 IAC 7-24-187 (a) Potentially hazardous food: hot and cold				findings, St. Mary's incorporates by		
		d. not and cold			reference its response as set forth above.		
	holding	2.11			Immediate Response: 4/12/12-4/13/12 1. Discarded all food not within	2	
	shall be maintained as follows: (1) At one hundred thirty-five (135)				approved temperature range.		
					2. Checked temperature of all remaining food to confirm compliant		
	degrees Fahre	nheit or above			3. Re-educated staff regarding		
	 (2) At a temperature specified in the following: (A) At forty-one (41 degrees Fahrenheit or less (b) For purposes of this section, a 				requirement to check temperature of food at least two times daily when for		
					being served. (Exhibit A for example		
					of Food Temperature logs) 4. Food Services Director		
					reimplemented daily review of temperature logs to confirm		
					compliance.		
		absection (a) is a			30 Day Response: Completed by 5/12/12		
	critical item."	iosoction (a) is a			1. Infection Control performed a		
	critical itelii.				walk-through in Food Services, accompanied by Food Service		
	0 0 4/10/10	.7.00			Management, focusing on compliant	ce	
		at 7:00 p.m. and in			with temperature and related documentaton. Actual temperatures	of	
	_	of staff members #'s 1			food was obtained to verify		
	through 5, the	surveyor noted the			compliance 2. Food Service Director continues		
	following out	of limit hot/cold food			daily review of temperature logs to ensure compliance.		
	I		1		2caro compilarios.		

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NAME OF F	PROVIDER OR SUPPLIER	2			ADDRESS, CITY, STATE, ZIP CODE		
ST MARY'S MEDICAL CENTER OF EVANSVILLE INC				3700 WASHINGTON AVE EVANSVILLE, IN 47750			
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	temperatures were observed:				Repositioned (lowered) new steam tables to ensure compliance for		
	A. Hot Serving	g Line		tempe	temperature of hot foods.		
	1. Chocolate sauce: 122 degrees F			Oversight: Food Services Director perform daily review of temperatur	"		
	2. Broccoli: 102 degrees F 3. Mixed Vegetables: 132 degrees F				logs, along with generalized cleaning and sanitation and storage of items i		
					department. Weekly walkthroughs w be performed by Food Services	ill	
					management to ensure with		
	B. Hot deli ba				compliance with food temperature at cleanliness throughout department.		
	Baked potato: 131 degrees F C. Cold Salad Bar				Infection Control will perform a monthly walk-through to audit		
					compliance with temperature logs ar general sanitation of department. The		
	1. Pasta Salad: 44 degrees F 2. Ranch Dressing (Lite): 57 degrees F 3. Ranch Dressing (Regular): 47 degrees F 4. Honey Mustard Dressing: 53 degrees F D. Cold Deli Bar				Infection Control Committee will be responsible to generate a report of the	16	
					audit findings and review and approv		
					action plans. Oversight responsiblity for these		
					actions will be done by Vice Presider Ancillary and Support Services,	nt,	
					Executive Director, Quality and Infection Prevention, Vice President		
					Regulatory Compliance, Risk, and Accreditation, Senior Vice President		
					Nursing.	'	
	1. Ham: 51 (
		ef: 53 degrees F					
		icken: 52 degrees F					
		Salad: 46 degrees F					
		urtain Reach-In					
	1. Swiss San	ndwich: 44 degrees F					
		Salad: 44 degrees F					
		-					
	3. On 4/12/12	at 8:00 p.m., staff					
	member #2 ac	knowledged the					
	above-listed o	ut of limit food					
	temperatures.						

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	OF CORRECTION	IDENTIFICATION NUMBER: 150100	A. BUILDING B. WING	00	COMPLETED 04/12/2012			
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