

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150056	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/26/2013
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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN 46202
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S000000	<p>This visit was for a State complaint survey.</p> <p>Complaint Number: IN00136279 Unsubstantiated; lack of sufficient evidence. Deficiencies unrelated to allegations are cited.</p> <p>Survey Date: 11-26/27-13</p> <p>Facility Number: 005051</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: claughlin 01/10/14</p>	S000000		

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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S000406	<p>410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 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 hospital failed to ensure inclusion of monitors and standards for 1 service provided by a contractor as part of its comprehensive quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program indicated it did not include monitors and standards for the services of a contractor to provide change of a net with a new net on a special bed provided by the contractor.</p> <p>2. In interview, on 11-27-13 at 11:35 am, employee #A1 confirmed the above and no further documentation was</p>	S000406	<p>Corrective Action (s): On or before January 20, 2014, Nursing Services, Supply Chain Operations and Regulatory communicated with end users of Vivax rental and consignment beds to determine meaningful indicators including but not limited to timely net change by the vendor 1) after a patient is finished using the bed or 2) when the net becomes grossly contaminated that will be tracked on an ongoing basis to ensure the contractor is meeting their obligations. On or before March 20, 2014, the Vivax SOMA enclosure bed contract indicators will be reported through the Academic Health Center Quality Council and then to the board to ensure indicators are being met on an ongoing basis or if there is an issue leadership will immediately address with the</p>	02/04/2014			

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	provided prior to exit.		vendor to ensure this deficiency has been corrected and will not recur. Monitoring: To ensure compliance, beginning February 2014, EVS will initiate a monthly audit of the IDTU bed cleaning process. The audit will include review of all of the Vivax SOMA enclosure beds in the Methodist IDTU. Any identified gaps will immediately be discussed with Environmental Services Staff or the vendor, as appropriate on an individual basis for performance improvement. This audit will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If the threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects the achievement of the threshold. Responsible Person (s): The Director of the MH IDTU will be responsible for ensuring that staff has a clear understanding of how services are provided to MH IDTU patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.		

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S001164	<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:</p> <p>(B) There shall be evidence of preventive maintenance on all equipment.</p> <p>Based on interview, the hospital failed to provide evidence of preventive maintenance (PM) for 1 piece of equipment within the last year.</p> <p>Findings:</p> <p>1. On 11-26-13 at 11:55 am, employee #A1 was requested to provide documentation of the most recent PM on a piece of contractor-provided piece of equipment (Soma Safe bed). No documentation of PM by the hospital was provided prior to exit.</p>	S001164	<p>Tag S 1164 410 IAC 15-1.5-8 Physical Plant Corrective Action (s): On November 26, 2013, Clinical Engineering inspected the SOMA bed asset # B47908 in the IDTU unit at Methodist Hospital to ensure respective safety criteria for patient use was met. On or before December 5, 2013, the vendor name and asset # of the bed was added to the equipment inventory database . The equipment inventory database will automatically fire a work order on an annual basis when the bed needs reassessment for preventative maintenance. Supply Chain Operations, Nursing Services, and Regulatory reviewed and is in the process of revising the Vivax Rental Bed contract to ensure the following language is included: Clinical Engineering will be notified at a minimum of one hour before equipment is delivered to Methodist Hospital so that an</p>	01/27/2014			

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			Incoming Equipment Assessment will be completed to ensure safety for patient use. Responsible Person (s); The Manager of Clinical Engineering will be responsible to ensure that equipment brought into the MH IDTU will be inspected to ensure patient safety prior to use.	