

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151331	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/17/2012
NAME OF PROVIDER OR SUPPLIER  HARRISON COUNTY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1141 HOSPITAL DR NW CORYDON, IN 47112		
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S0000	<p>This visit was for a State hospital licensure survey.</p> <p>Dates: 7/16/2012 through 7/17/2012</p> <p>Facility Number: 004773</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Jennifer Hembree, RN PH Nurse Surveyor</p> <p>Ken Ziegler Medical Surveyor</p> <p>QA: claughlin 08/14/12</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 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.</p> <p>Based on document review and staff interview, the facility failed to ensure Housekeeping and Pediatrics services were part of it's comprehensive quality assessment and improvement (QA&amp;I) program.</p> <p>Findings included:</p> <p>1. Harrison County Hospital Plan for Improving Organizational Performance policy last reviewed 3/21/12 notes that all services provided at the hospital are to be evaluated through the Performance Improvement Council (CQI).</p> <p>2. Harrison County Hospital; 2012 Monitors and Thresholds report from March 21, 2012 did not identify Housekeeping and Pediatrics services as</p>	S0406	<p>Correction: A new PI monitor has been developed for Housekeeping Services and Pediatrics. Prevention: Housekeeping and Pediatrics PI monitor will be reported quarterly to the Organizational Performance Committee. Responsible Party: Carl Sommer, Manager, Environmental Services Ruth Donahue, RN, CNO</p>	08/21/2012
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	<p>items the CQI committee would evaluate.</p> <p>3. On July 17, 2012 at 11:00 AM, staff member #1 indicated Environmental Services provides several items the department monitors; however, housekeeping services was one indicator that was not evaluated in the CQI committee meeting. Staff member #1 indicated pediatric services was not an indicator that was monitored by the CQI committee.</p>			

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S0554	<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 observation, the facility failed to ensure the wall mounted hand sanitizer dispenser was supplied with hand sanitizing lotion in the Morgue.</p> <p>Findings included:</p> <p>At 11:20 AM on 7/17/2012, the Morgue was toured with staff member #4. The wall mounted Purell Hand Sanitizer dispenser was adjacent to the door exiting the Morgue. This inspector and staff member #4 was unable to access hand sanitizer from the dispenser because the dispenser was empty.</p>	S0554	<p>Correction: The batteries were replaced in the hand sanitizer during the survey. Prevention: Housekeeping will monitor when cleaning Morgue for functioning hand sanitizer and replace batteries when applicable. Responsible Party: Carl Sommer, Manager, Environmental Services</p>	07/17/2012			

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S1118	<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 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, documentation review, and staff interview, the facility failed to ensure the Environmental Service Main Storage Room had an eye-washing station that met the needs in case of acid from the floor scrubber batteries splash into a person's eyes.</p> <p>Findings included:</p> <p>1. Harrison County Hospital Safety Policy and Procedure Manual, last reviewed 3/21/12, notes the hospital shall be in compliance with federal, state, and local laws.</p> <p>2. Because 1910.178 does not have a specific requirement for eyewash facilities, the general standard at 1910.151 applies. When necessary, facilities for drenching or flushing the eyes 'shall be provided within the work area for</p>	S1118	<p>Correction: An emergency shower/eye wash station has been installed in the housekeeping closet. Prevention: not applicable Responsible Party: Jim Lawton, Manager, Plant Services</p>	08/20/2012			

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	<p>immediate emergency use. In applying these general terms, OSHA would consider the guidelines set by such sources as American National Standards Institute (ANSI) Z358.1 -1998, Emergency Eyewash and Shower Equipment, which states, at section 7.4.4, that eyewash facilities are to be located to require no more than 10 seconds to reach but that where a strong acid or caustic is used, the unit should be immediately adjacent to the hazard."</p> <p>3. At 11:50 AM on 7/17/2012, the Environmental Services Main Storage room was inspected. The storage room was observed with an industrial floor scrubber hooked to a charger which was charging the batteries. The storage room was observed without an eye washing station.</p> <p>4. At 11:55 AM on 7/17/2012, staff member #4 indicated Environmental Service staff members check the water level of the floor scrubbers, batteries weekly. The staff member confirmed an eye-washing system should be available for the staff in the storage room for their safety.</p>				