

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150018	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2014
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S000000	<p>This visit was for the investigation of a State complaint.</p> <p>Complaint Number: IN 00149361</p> <p>Unsubstantiated: deficiencies cited unrelated to the allegations</p> <p>Date: 6-17/18-14</p> <p>Facility Number: 005017</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 06/24/14</p>	S000000		
S000592	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(i)</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 not be limited to, the following:</p> <p>(D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not</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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	<p>limited to, the following:</p> <p>(i) Sanitation. Based on document review and interview, the infection control committee (ICC) failed to maintain documentation indicating the periodic approval of the contracted environmental (EVS) services policy/procedures for routine and isolation Emergency Department (ED) room cleaning and disinfecting by ED staff and EVS personnel.</p> <p>Findings:</p> <p>1. On 6-17-14 at 1140 hours, Director of Quality A8 was requested to provide policy/procedures indicating a facility-approved process for ED patient room cleaning and none was provided prior to exit.</p> <p>2. The contracted service policy/procedure EVS400 Standard Room Cleaning, EVS401 Discharge Room Cleaning, EVS403 Occupied Isolation Room Cleaning and EVS404 Isolation Discharge Room Cleaning provided by EVS director A5 failed to indicate a recent date of review or approval by the Infection Control committee or its representative. On 6-17-14 at 1450 hours, infection control</p>	S000592	<p>On July 18, 2014 the EGH Infection Prevention Committee (IPC) will meet to discuss with expected endorsement of a statement of delegation of responsibility for annual review of Environmental Services Policies and Procedures to the hospital Infection Preventionists (please see attached IPC meeting agenda and memo requesting delegation of review of policies to IP staff). In addition, the hospital has developed a new IPC policy 24 Standard Patient Room Discharge Cleaning and Ambulatory Care Area Room Discharge Cleaning which outlines hospital specific expectations for cleaning upon discharge (see attached IPC policy 24). Also a previously existing policy on terminal cleaning has been updated (ICP policy 23 Terminal Patient Room Discharge Cleaning attached) to reflect current practices and outline specific requirements for ambulatory areas. These policies were reviewed and revised by our Infection Prevention Medical Director who is an Infectious Disease physician on June 29, 2014 and will be submitted for final approval on July 18, 2014 to the IPC (our medical director is co-chair of this committee). The Executive Director of Quality/Performance</p>	07/18/2014			

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S000912	<p>(IC) nurse A7 was requested to provide documentation of ICC approval of the EVS policy/procedures for use at the facility and none was provided prior to exit.</p> <p>3. During an interview on 6-18-14 at 0920 hours, IC nurse A7 confirmed that no documentation indicating recent ICC approval of the EVS policy/procedures was available.</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.</p>		Improvement is responsible for compliance with this plan.				

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	<p>(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.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based upon document review, observation and interview, the nurse executive failed to maintain the job description of the ED Tech position for 4 of 4 personnel files reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. The job description titled ED Tech failed to indicate the staff responsibility for cleaning ED rooms between patients in the high-turnover ambulatory environment of care. 2. During an observation in the ED on 6-17-14 at 1350 hours, an ED tech N12 was observed cleaning the trauma room 6 following the discharge of a patient. 3. During an interview on 6-18-14 at 0935 hours, Interim ED director A10 indicated that the ED patient rooms are routinely cleaned by the ED nurses and techs and indicated that the environmental services staff will also clean the patient rooms for turnover when 	S000912	The job descriptions of the ED Tech and RN, Emergency Department have been revised to be in alignment with current practices indicating responsibilities to follow infection prevention policies when cleaning patient rooms between use (see attached ED Tech and RN ED job descriptions). These changes have been communicated to ED staff affected as competency validations are occurring which should be complete by July 31, 2014. The Executive Director of Emergency Services has responsibility to the ongoing compliance with this plan.	07/31/2014			

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S000936	<p>requested.</p> <p>4. During an interview on 6-18-14 at 1350 hours, human resources specialist A12 confirmed that the job descriptions observed in 4 personnel files (ED tech N13, N14, N15 and N16) failed to indicate the ED tech responsibility for cleaning the ED rooms.</p> <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(6)</p> <p>(b) The nursing service shall have the following:</p> <p>(6) All nursing personnel shall demonstrate and document competency in fulfilling assigned responsibilities.</p> <p>Based on document review, observation and interview, the hospital failed to assure and document Emergency Department (ED) personnel competency for ED room cleaning and disinfecting for 4 of 4 personnel files (N13, N14, N15 and N16) reviewed.</p> <p>Findings:</p> <p>1. The job description titled ED Tech failed to indicate the staff responsibility for cleaning ED patient rooms in the high-turnover ED environment of care.</p>	S000936	In collaboration with Infection Prevention, Environmental Services and Performance Improvement, ED leadership has developed a "Systematic Cleaning and Disinfection of Ambulatory Care Area Rooms at Discharge - Basic Room Turnover" checklist for ED Tech and ED RN competency validations which was approved by the collaborative group and is being used to validate staff competency (please see attached checklist and examples of completed competency evals). It is expected that all competency evals will be completed by July 31, 2014. The Executive Director	07/31/2014

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	<p>2. During an observation in the ED on 6-17-14 at 1350 hours, the ED tech N12 was observed cleaning the trauma room 6 following the discharge of a patient.</p> <p>3. On 6-17-14 at 1630 hours, the ED executive director A4 was requested to provide competency documentation for the ED tech staff providing ED room cleaning services and none was provided prior to exit.</p> <p>4. During an interview on 6-18-14 at 0920 hours, IC nurse A7 confirmed that the EVS policy/procedures EVS400 Standard Room Cleaning, EVS401 Discharge Room Cleaning, EVS403 Occupied Isolation Room Cleaning and EVS404 Isolation Discharge Room Cleaning provided by EVS director A5 were not available on the facility policy/procedures website for review by ED nursing staff.</p> <p>5. Review of personnel files for 4 ED techs (N13, N14, N15 and N16) failed to indicate documentation that each personnel had received training and/or demonstrated competency in ED room cleaning.</p> <p>6. During an interview on 6-18-14 at 1350 hours, human resources specialist A12 confirmed that the 4 ED tech</p>		or Emergency Services is responsible for the compliance with this plan.				

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	personnel files lacked documentation of competency validation for cleaning the ED patient rooms.				