

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150084	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/27/2016
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NAME OF PROVIDER OR SUPPLIER ST VINCENT HOSPITAL & HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W 86TH ST INDIANAPOLIS, IN 46260
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S 0000 Bldg. 00	<p>This visit was for a State complaint survey.</p> <p>Complaint Number: IN00196452; Substantiated; no deficiencies related to the allegation are cited. Unrelated deficiencies are cited.</p> <p>Survey Date: 04-27-2016</p> <p>Facility Number: 005075</p> <p>QA: 5/26/16 jlh</p>	S 0000		
S 0270 Bldg. 00	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(a)(6)</p> <p>(a) The governing board is legally responsible for the conduct of the hospital as an institution. The governing board shall do the following:</p> <p>(6) Review, at least quarterly, reports of management operations, medical staff actions, and quality monitoring, including patient services provided, results attained, recommendations made, actions taken and follow-up.</p> <p>Based on interview, the governing board failed to review reports of quality activities for 1 contracted service as part</p>	S 0270	S 270 410 IAC 15-1.4-1 Governing Board 410 IAC 15-1.4-1 (a) (6) S 270- failed to review reports of quality activities	07/12/2016

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>of its comprehensive quality assessment and performance improvement (QAPI) program.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 04-27-2016 at 2:10 pm, employee #A1, Director of Clinical Excellence, was requested to provide documentation of the governing board having reviewed reports of quality for pest control services as part of its QAPI program. 2. Interview of employee #A1 at the above date and time, indicated contracted pest control services were not part of the facility's QAPI, and no documentation of them having been reviewed by the governing body could be provided. No further documentation was provided prior to exit. 		<p>for 1 contracted service as a part of its comprehensive quality assessment and performance improvement (QAPI) program.</p> <p>Corrective Action(s): On July 12, 2016, the Director of Environmental Services (EVS) and Director of Accreditation and Patient Safety reviewed the Terminix contractual terms to select two quality indicators to use to ensure the contracted service is performing as expected. The following indicators were selected from the contract- 1) the average time of response when called (two kinds of calls-routine within 24 hours of call and urgent- within 2 hours of call 2) number of calls per month that required a repeat visit. The goal will be that 2% or less of calls made will require a repeat visit. Further, the EVS form was reviewed and revised to include the time the request for service was called in, the kind of request-i.e., routine or urgent, and then the time Terminix presented on site. Monitoring: On July 20, 2016, the indicators and plan will be presented to the Quality Committee of the Board and then on September 27, 2016 the data for the indicators will be presented to the board. The board will review pest services provided, results attained, recommendations made, actions taken and follow up for the Terminix quality indicators.</p> <p>Responsible Person(s):</p>		

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S 0406 Bldg. 00	<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 interview, the facility failed to include a monitor and standard for 1 service provided by a contractor as part of its comprehensive quality assessment and performance improvement (QAPI) program.</p> <p>Findings include:</p> <p>1. On 04-27-2016 at 2:10 pm, employee #A1, Director of Clinical Excellence, was requested to provide documentation of a monitor and standard for the contracted pest control service.</p>	S 0406	<p>Director of Environmental Services or his designee will monitor these corrective actions to ensure the deficiency is corrected and will not recur.</p> <p>S410 IAC 15-1.4-2 Quality Assessment and Improvement 410 IAC 15-1.4-2 (a) (1) S 406- facility failed to include a monitor and standard for 1 service provided by a contractor as a part of its comprehensive quality assessment and performance improvement(QAPI) program. Corrective Action(s): On July 12, 2016, the Director of Environmental Services (EVS) and Director of Accreditation and Patient Safety reviewed the Terminix contractual terms to select two quality indicators to use to ensure the contracted service is performing as expected. The following indicators</p>	07/12/2016

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