

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150034	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/02/2016
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NAME OF PROVIDER OR SUPPLIER  ST MARY MEDICAL CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 S LAKE PARK AVE HOBART, IN 46342
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S 0000  Bldg. 00	<p>This visit was for a State hospital licensure survey.</p> <p>Dates: 5/31/2016 to 6/2/2016</p> <p>Facility Number: 005786</p> <p>QA: 7/14/16 jlh</p>	S 0000		
S 0610  Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL</p> <p>410 IAC 15-1.5-2(f)(3)(D)(x)</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</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>responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(x) A program of food preparation and storage for all personnel involved in food handling which includes, but is not limited to, the following:</p> <p>(AA) Storage of employee food in patient refrigerators.</p> <p>(BB) Medications in nutrition refrigerators.</p> <p>(CC) Refrigerator and freezer temperature monitoring.</p> <p>Based on review of 410 IAC 7-24, policies and procedures, observation, personnel training records, and staff interview, the infection control program failed to ensure two of two personnel observed to be involved in food handling followed 410 IAC 7-24-129 (titled: "When to Wash Hands), and 410 IAC 7-24-246 (titled: "Gloves; Use Limitations").</p> <p>Findings include:</p> <p>1. Review of 410 IAC 7-24-129 read: "Food employees shall clean their hands...immediately before engaging in food preparation, including working</p>	S 0610	<p>Duringthe inspection on 6/2/16 the Garden Café was closed to begineducating volunteers on food handling, hand washing and infection controlprocedures along with proper technique. Trainingwas completed on policies: FoodHandling- Policy Number Vol: 701 FoodHandling and Infection Control-Policy Number Vol:8.01 HandWashing &amp; Hand Care Policy Number: Vol:8.05 Proofof education was documented and is housed with Director Volunteer Services Abusiness decision was made by administration to not open the Garden Café atthis time. In the</p>	06/02/2016	

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	<p>with exposed food, clean equipment and utensils...After handling soiled surfaces, equipment, or utensils...During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks...Before touching food or food-contact surfaces...Before placing gloves on hands..."</p> <p>2. Review of 410 IAC 7-24-246 read: "...If used, single-use gloves shall be...used for only one (1) task..."</p> <p>3. Review of policies and procedures indicated a policy titled: "Hand Washing &amp; Hand Care," Policy number "VOL 8.05," effective "7/21/10," which read: "Hands are to be washed frequently and as follows...whenever you switch from handling one food to handling another...after handling garbage or dishes..."</p> <p>4. On 5-31-2016 at 12:00 PM the following was observed: a. Staff Member #L4 was observed cooking a grilled cheese and turkey sandwich, wearing disposable gloves. The staff member served the sandwich, then changed gloves without washing hands. Staff Member #L4 then cooked a grilled cheese on rye sandwich, placed</p>		<p>event that a decision is made to re-open for retail foodservice a request for licensure will be made at that time.</p>	

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	<p>the sandwich in a disposable container, and placed a handful of potato chips from a bulk package into the disposable container. The staff member then changed gloves without washing hands. Next, Staff Member #L4 placed lettuce in a disposable container and placed a scoop of chicken salad onto the lettuce. Then, the staff member changed tasks, and without removing gloves, swished the scoop in a sink filled with water and dish detergent, swished the scoop in a sink filled with clean rinse water, then wiped the scoop in a sink filled with water and sanitizer. The staff member placed the scoop on a drying rack and without changing gloves or washing hands, the staff member changes tasks and prepared toast with butter.</p> <p>b. Staff Member #L5 was observed taking money for an order, donning gloves (without washing hands), then changed tasks without changing gloves, and placed a bun in the microwave. The staff member then wrote an order on a piece of paper and, without changing gloves or washing hands, changed tasks and removed the bun from the microwave, placing Italian beef in the bun. Next, Staff Member #L5 removed the glove on the left hand only and touched a computer screen, adding up the total bill for a customer. Staff Member #L5 then placed the same glove back</p>			

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	<p>onto the left hand, reusing the glove without performing hand washing procedures, then changed tasks without changing gloves, and served a plate of food to a customer. Then, the staff member removed both gloves from both hands and placed the gloves onto the cash register. Next, the staff member touched a computer screen, adding up the total bill for another customer. Staff Member #L5 then made a cup of coffee and received a cash payment for the coffee. The staff member next removed the gloves from the register and placed them back onto both hands, reusing the gloves without performing hand washing procedures. Next, Staff Member #L5 changed tasks without changing gloves, and removed a precooked egg from the refrigerator, touching the egg with gloved hands, placed the egg into the microwave, and heated it. Then, the staff member removed the left glove only, touched a computer screen, added up the total bill for a customer, and placed the same glove back onto the left hand, reusing the glove without performing hand washing procedures. Staff Member #L5 then changed tasks without changing gloves and touched a piece of cheese, adding it to the egg in the microwave and reheating the egg and cheese. Next, the staff member retrieved a croissant roll, using gloved hands, placed the roll on the</p>			

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	<p>grill for a short time, then placed the egg and cheese on the croissant roll. Staff Member #L5 then removed both gloves and placed them into an apron pocket and took a cash payment.</p> <p>5. Review of personnel training records for Staff Members #L4 and #L5 indicated Staff Member #L4 attended volunteer orientation on "August 11, 2010" and Staff Member #L5 attended volunteer orientation on "Jan. 31, 2012," where hand washing procedures were discussed. The records did not indicate the staff members were trained on when to wash their hands or how and when to use gloves.</p> <p>6. On 5-31-2016 at 12:30 PM, Staff Member #L1 acknowledged food handlers should change gloves when they change tasks and should wash their hands when gloves are changed.</p> <p>7. On 6-1-2016 at 4:20 PM, Staff Member #L8 confirmed Staff Members #L4 and #L5 received training on how to wash their hands, not when to wash their hands. Staff Member #L8 further confirmed there was no training on how or when to use gloves for Staff Members #L4 and #L5.</p>			

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S 1118  Bldg. 00	<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 document review, observation, and interview, the facility failed to maintain the hospital environment and equipment in such a manner that the safety and well-being of patients, visitors, and/or staff are assured in the Medical Gas Storage area, the Compactor Dock, and the Garden Cafe.</p> <p>Findings include:</p> <p>1. In review of the Portable Oxygen Cylinder Management policy #RT 301.04 which stated, "The storage area should contain racks or fasteners in order to keep cylinders in an upright position and prevent the cylinders from falling over, which could result in damage to the cylinders or injury to persons who may be working in the area." The policy was last approved October 2013.</p>	S 1118	<p><b>S 1118</b> Based on document review, observation and interview, the facility failed to ensure six (6) carbon dioxide tanks were secured in order to keep cylinders in an upright position and prevent the cylinders from falling over, which could result in damage to the cylinders or injury to persons who may be working in area. NFPA 99, 4-3.5.2.1(b)27 requires that freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. Plan of Action: On the day of survey, the tanks were delivered to the tank room and the maintenance staff failed to ensure the tanks were properly secured. The tanks were immediately secured on the day of survey upon identification. Maintenance Staff was educated at the June 16th 2016 Clinical Engineering Staff Meeting. Additional education with each staff member signing review of policy will be</p>	07/02/2016			

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	<p>2. It was observed on 6/1/2016 at 10:20 AM, in the presence of employees #16 (Director of Safety) and #13 (Director of Engineering), the Medical Gas Storage area was observed with six carbon dioxide tanks unsecured. The chain that secures the upright tanks was not attached around the tanks and was lying at the side of one of the six tanks.</p> <p>3. In review of Eyewash Stations, Use and Testing policy which stated, "All providers and staff who may have exposure to injurious corrosive materials shall comply with a device used to provide fluid to irrigate and flush the eyes. Flush eyes continuously for no less than 15 minutes." The policy was last approved 6/10/2014.</p> <p>4. It was observed on 6/1/2016 at 1:00 PM, in the presence of employees #16 (Director of Safety) and #13 (Director of Engineering), the compactor dock was observed with 7 assorted 12-volt battery operated floor scrubbers on the dock. Four of the floor scrubbers were observed on a 12-volt charging system. The compactor dock areas was observed without an eyewash system in case of corrosive acid from the batteries come in contact with someone's eyes.</p>		<p>completed by August 18, 2016 by Director of Engineering to ensure all freestanding cylinders are properly chained upon delivery and there after. <b>S 1118</b> Based on document review and observation, ensure the Compactor Dock area was provided with a device to provide fluid to irrigate and flush the eyes continuously for no less than 15 minutes. The General Requirements in section 29 CFR (Code of Federal Regulations) 1910.151 states "...where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use." Action Plan: Director of Engineering ordered a plumbed eyewash station which will be installed see attached photo Observation for Garden Café: Café is closed at this time with no plans to re-open, if re-opened it will not be in this location Updated 8/29/16</p> <p>1. Utility Plant Operators inspect the gas storage room daily and complete a log sheet indicating that all tanks are secured appropriately.</p> <p>2. Director of Engineering will monitor the Gas Storage room log sheet to ensure tanks are secured on a weekly basis for 12 weeks. If not in compliance, the Director of Engineering will re-educate staff and continue to monitor.</p>		

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	<p>5. In interview at 1:15 PM on 6/1/2016, staff member #16 (Director of Engineering) confirmed all the above and no other documentation was provided prior to exit.</p> <p>6. Review of policies and procedures indicated there were no policies for the Garden Cafe's practice of hand washing dishes.</p> <p>7. Review of manufacturer's guidelines for hand washing dishes, provided by Ecolab, titled: "Scout Pot &amp; Pan Wash Procedure," read: "...pre-scrape pots and pans. Soak for at least 5-10 minutes depending on soil level. Scrub all surfaces and allow excess water to run back into wash sink. Submerge in hot water rinse and allow excess water to run back into rinse sink. Submerge in sanitizer sink for one minute or as specified by product label and/or local guidelines..."</p> <p>8. On 3-31-2016 at 12:00 PM, Staff Member #L4 was observed swishing a serving utensil (scoop) in the wash sink with dish detergent, then swishing the serving utensil in the rinse sink, then swishing the serving utensil in the sanitizer for about 10 seconds.</p>		<p>3. When monitoring has been acceptable for 12 consecutive weeks, monitoring will cease and education of securing tanks will be included in employee annual competency.</p> <p>4. Report of 12 week compliance will be reported to Quality Council through the Safety Committee Minutes</p>				

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	9. In interview on 3-31-2016 at 1:15 PM, Staff Member #L8 indicated the Garden Cafe had no policy / procedure for hand washing dishes, but they used the manufacturer's guidelines provided by Ecolab.			