

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 02/27/2024
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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH	STREET ADDRESS, CITY, STATE, ZIP COD 1701 N SENATE BLVD INDIANAPOLIS, IN 46202
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S 0000  Bldg. 00	<p>This visit was for the investigation of a State Licensure Hospital Complaint.</p> <p>Complaint Number: IN00428224 - Deficiency related to the allegations is cited at S 0554.</p> <p>Date of Survey: 2/27/24</p> <p>Facility Number: 005051</p> <p>QA: 3/6/2024, 3/8/2024 &amp; 3/10/2024</p>	S 0000		
S 0554  Bldg. 00	<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 document review, observation and interview the facility failed to terminally clean two patient rooms in their entirety to create and maintain a safe and healthful environment for patients and visitors for two of two critical care rooms toured. (B8 &amp; B12)</p> <p>Findings include:</p> <p>1. The facility policy titled, "Procedure: Discharge/Transfer Cleaning", PolicyStat ID 8741515, last revised 12/8/2020, indicated to follow the daily cleaning procedures as outlined in the Daily Cleaning Order policy. In addition, perform the following: beds, bed rails, over bed tables, telephone, furnishings, and walls should be free</p>	S 0554	<p>Plan of Correction Text:</p> <ol style="list-style-type: none"> <li>1. All policies reviewed and consolidated to the following:                             <ol style="list-style-type: none"> <li>a. Environmental cleaning</li> <li>b. Environmental cleaning in the surgical and procedural room setting</li> </ol> </li> <li>2. Updated tools linked to policies:                             <ol style="list-style-type: none"> <li>a. Daily clean checklist</li> <li>b. Discharge clean checklist</li> <li>c. Cleaning cart set up and steps</li> </ol> </li> <li>3. Educational competencies and manuals updated.                             <ol style="list-style-type: none"> <li>a. Competency tool utilized upon hire and annually</li> </ol> </li> <li>4. All leaders and team members</li> </ol>	04/10/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Heidi Coffey	Accreditation and Regulatory Manager	03/26/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 dust, dirt, and stains. If dust, dirt, or stains are found, this constitutes unsatisfactory work performance and must be corrected immediately.</p> <p>2. The facility policy titled, "Procedure for Daily Cleaning Order", no policy number, publication date 01/11/2024, indicated all patient rooms, whether isolation rooms or not, should be cleaned following standard precautions. Order of cleaning: Interact/Empty Trash/Linen, Dust with damp microfiber cloth, Clean and Disinfect, Bathroom, Floor, and Inspection.</p> <p>3. The facility policy titled, "Standard and Transmission-Based Isolation Precautions", no policy number, publication date 02/05/2024, indicated non-critical equipment shall be thoroughly cleaned and disinfected in a safe, effective, and consistent manner after each patient use or each use as appropriate and all equipment shall be disinfected between every patient.</p> <p>4. During the facility tour on 2/27/24 at approximately 10:15 am with A2 (Accreditation &amp; Regulatory Manager), A5 (Infection Preventionist), and A7 (Operations Manager of Environmental Services) it was confirmed that patient room B8 and B12 had been marked as clean and ready for new patients. These rooms had dried red droplets on the floor, nurse server, and walls. Dried yellow/brown/red spots on countertops, waste cans, cabinets and, debris on floor, dust on horizontal surfaces, brown stains in tiled showers, light brown spots in toilets, yellow and or red spots on patient care equipment, dark red/brown splatter on ceiling tiles and or grids.</p> <p>5. In Interview on 2/27/24 at approximately 10:30 am with A7 (Operations Manager of Environmental Services) confirmed both patient</p>		<p>retrained</p> <p>5. Updated policies current in the policy stat system. Old policies removed from system.</p> <p>Prevent Recurrence:</p> <ol style="list-style-type: none"> <li>1. Revised daily and discharge clean verification process</li> <li>2. All supervisors to review verification logs end of shift</li> <li>3. Implementation of daily tiered huddles</li> <li>4. Issues corrected and escalated through tiered huddle</li> <li>5. Measurement of success: leader inspections of verification logs for daily and discharge, daily and discharge cleaning checklists. Measurement month over month improvement per baseline until greater than 95% achieved.</li> <li>6. Leadership Oversight:</li> <li>7. Environmental Services Task force formed for oversight of completion of plan</li> <li>8. Infection Prevention Committee quarterly reports.</li> </ol> <p>Responsible for Corrective Action: Director of EVS</p> <p>Completion Date: Start date: 2/28/2024 End Date: 4/10/2024 Sustainability: ongoing through EVS Task force</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	rooms B8 and B12 were not cleaned per policy and these patient rooms were marked as cleaned and ready to be used by new patients.  6. In Interview on 2/27/24 at approximately 1:00 pm with A5 (Infection Preventionist), confirmed policy and procedure for terminal cleaning for patient rooms B8 & B12 was not followed and should have been.				