

**HOSPITAL CITATION REPORT**

January 1, 2006 -- March 31, 2006

[This report has been prepared in response to a request from the Rural Wisconsin Health Cooperative and the Wisconsin Hospital Association. This is not a regulatory document.]

TAG	REGULATION	BASIS FOR CITATION	CITATIONS
<b>CRITICAL ACCESS HOSPITALS</b>			
C-0220	485.623 Condition of Participation: Physical Plant and Environment <i>C-0220 and C-0231 relate to the building envelope and are tied together.</i>	<ul style="list-style-type: none"> <li>• K tags: K-12: Class of Construction, K-25: Rated 1 hr Smoke Compartment walls, K-29: Rated Hazardous Areas, K-33: Rated Exit Stair Enclosures, K-34: Exit Passageways for Exit Stairs, K-47: Exit Signage, K-56: Sprinkler system, K-75: Rated Enclosure for Soiled Utility Rooms, K-130: Miscellaneous violations</li> <li>• <u>Refer to the following K tags for details:</u> K-0015, K-0017, K-0025, K-0029, K-0056, K-0069, K-0075, and K-0144 for the hospital building.</li> </ul>	2
C-0231	485.623 (d)(1) Except as otherwise provided in this section, the CAH must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_federal-regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal-regulations/ibr_locations.html</a> . Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to a CAH. <i>C-0220 and C-0231 relate to the building envelope and are tied together.</i>	<ul style="list-style-type: none"> <li>• K tags: K-12: Class of Construction, K-25: Rated 1 hr Smoke Compartment walls, K-29: Rated Hazardous Areas, K-33: Rated Exit Stair Enclosures, K-34: Exit Passageways for Exit Stairs, K-47: Exit Signage, K-56: Sprinkler system, K-75: Rated Enclosure for Soiled Utility Rooms, K-130: Miscellaneous violations</li> <li>• Problems included but not limit to holes in smoke barrier walls, holes in one hour fire rated walls, sprinklers not located in the correct locations and no record of testing the emergency generator under load. <u>Refer to the following K tags for details:</u> K-0017, K-0017, K-0025, K-0029, K-0056, K-0069, K-0075, and K-0144 for the hospital building.</li> </ul>	2

C-0274	485. 635(a)(3)(ii) The policies include policies and procedures for emergency medical services.	<ul style="list-style-type: none"> <li>• Patient was not appropriately restrained or supervised in ED which resulted in fall.</li> <li>• ED staff did not explain the risks to patients of leaving the ED prior to having a medical screening exam; did not reevaluate ED patients to identify if symptoms worsened; did not notify the ED doctor of patients in the ED</li> </ul>	2
C-0278	485.635(a)(3)(vi) A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	<ul style="list-style-type: none"> <li>• Vents in the wall was dirty with dust and debris; outer covering of the sterilizer unit peeling and disintegrating; surgical team members are not wearing eye protection staff are not always wearing non-permeable cover; computer keyboards throughout the facility not on a routine cleaning schedule; medications are not discarded per hospital policy in surgery department.</li> <li>• The sub-sterile room located next to the surgical suite containing the flash sterilizer used during surgery contains a wooden peg board which cannot be cleaned; food handlers in the dietary department not appropriately attired; street pants were worn into the surgery department without being covered.</li> </ul>	2
C-0302	485.638(a)(2) The records are legible, complete, accurately documented, readily accessible, and systematically organized.	<ul style="list-style-type: none"> <li>• Documentation/notes not legible; does not identify the copies of records sent to the receiving hospital; does not contain patients consent to the transfer; assessment/progress notes are left blank and do not contain preliminary diagnosis; notes dictated but not transcribed and placed in record for several days.</li> <li>• ED records do not identify the time the doctor was notified when the patient arrived in the ED; do not identify the time the MD saw the patient</li> </ul>	2
C-0307	485.638(a)(4)(iv) Dated signatures of the doctor of medicine or osteopathy or other health care professional.	<ul style="list-style-type: none"> <li>• The hospital does not ensure that all entries into the medical record are timed and dated.</li> </ul>	2
C-0322	485.639(b) Evaluations-Pre-Op-Post-Op A qualified practitioner, as specified in paragraph (a) of this section, must examine the patient immediately before surgery to evaluate the risk of the procedure to be performed. A qualified practitioner, as specified in paragraph (c) of this section, must examine each patient before surgery to evaluate the risk of anesthesia. Before discharge from the CAH, each patient must be evaluated for proper anesthesia recovery by a qualified practitioner, as specified in paragraph (c) of this section.	<ul style="list-style-type: none"> <li>• Did not ensure that the post operative examinations are completed after the patient has fully recovered from the anesthesia. The patient did not have time to appropriately recover from the spinal anesthesia before the CRNA (certified registered nurse anesthetist) evaluated the patient.</li> <li>• The pre and post operative examination and notes are incomplete.</li> </ul>	2

Number of CAH Tags Cited 2 or more times:			7
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GENERAL ACUTE & PSYCHIATRIC HOSPITALS			
A-0038	482.13A hospital must protect and promote the rights of each patient.	<ul style="list-style-type: none"> <li>Unsafe environment: crash carts not stocked and ready for emergency; did not identify improperly fitted bed mattresses &amp; loose bed side rails that were loose; bed with head and footboard detached posing a impaling risk; did not identified safety awareness needs of patients utilizing Vail beds after the March 25, 2005; thorough investigations of injuries of unknown origin not investigated.</li> <li>Unsafe environment: did not act in a timely manner to recognize and react to patient falls; incidence of infections in the 1st floor ICU (Intensive Care Unit). The hospital failed to conduct a thorough investigation when identifying an increase Aspergillus infections; no nursing evaluation of vest restraint usage after it was found to be ineffective; did no maintain confidentiality of patient records.</li> </ul>	2
A-0057	482.13(c)(2) The patient has the right to receive care in a safe setting.	<ul style="list-style-type: none"> <li>See A-0038</li> </ul>	2
A-0060	482.13(d)(1) The patient has the right to the confidentiality of his or her clinical records.	<ul style="list-style-type: none"> <li>Pt. medical records with names, test results were clearly visible near waiting room; no barrier to entry of room with medical records;</li> </ul>	2
A-0204	482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient.	<ul style="list-style-type: none"> <li>No follow up to determine patient pain relief; lack of pain assessments; documentation by the nursing and medical staff of patient experiencing pain, but no orders for increase or changes in medications.</li> </ul>	3
A-0205	482.23(b)(4) The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient.	<ul style="list-style-type: none"> <li>Pt. care plan was not updated to reflect unrelieved pain; care plan does not indicate who implemented the plan, is not dated and has no updates with patient change of condition.</li> </ul>	3
A-0229	482.24(c) The medical record must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services.	<ul style="list-style-type: none"> <li>Pain assessment s not documented in the records.</li> <li>Response to treatments not documented.</li> </ul>	2
A-0230	482.24(c)(1) All entries must be legible and complete, and must be authenticated and dated promptly by the person (identified by name and discipline) who is responsible for ordering, providing, or evaluating the service furnished.	<ul style="list-style-type: none"> <li>All standing orders (SO) are dated and/or timed when they are written.</li> </ul>	3
A-0317	482.41 The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.	<ul style="list-style-type: none"> <li>Dirty dampers</li> <li>Steel members not protected</li> <li>Air handling = positive pressure</li> <li>Exit pathways blocked</li> </ul>	3

A-0321	482.41(b) The hospital must ensure that specific life safety from fire requirements are met.	<ul style="list-style-type: none"> <li>• Smoke barrier doors swinging in the wrong direction</li> <li>• Corridor used as a supply plenum</li> </ul>	3
A-0322	<p>482.41(b)(1)(2)(3) Except as otherwise provided in this section, the hospital must meet the applicable provisions of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: &lt;<a href="http://www.archives.gov/federal_register/code_of_federal_regulations;ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal_regulations;ibr_locations.html</a>&gt;</p> <p>Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to hospitals. After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship upon the facility, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>The provisions of the Life Safety Code do not apply in a State where CMS finds that a fire and safety code imposed by State law adequately protects patients in hospitals.</p>	<ul style="list-style-type: none"> <li>• Failed to meet Life Safety Code requirements.</li> <li>• Clutter in stair well</li> <li>• Exit egress unsafe</li> </ul>	2
A-0331	482.41(c)(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.	<ul style="list-style-type: none"> <li>• No locking mechanism to prevent non-employees from having access to chemicals.</li> </ul>	2
A-0340	482.42(a)(1) The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.	<ul style="list-style-type: none"> <li>• Not cleaning equipment prior to the next use.</li> </ul>	2

A-0400	489.20(l) The provider agrees, in the case of a hospital as defined in §489.24(b), to comply with §489.24.	<ul style="list-style-type: none"> <li>• See A-402, A-0406 &amp; A-0407</li> <li>• On-call physicians of psychiatry did not provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition. (A-0404 cited 1 time)</li> <li>• Did not execute appropriate transfer documentation prior to patient transfer and did not document a summary of the risks and benefits of a transfer. <b>A-0409 cited 1 time)</b></li> </ul>	7
A-0402	489.20(q) The provider agrees, in the case of a hospital as defined in §489.24(b), to post conspicuously in any emergency department or in a place or places likely to be noticed by all individuals entering the emergency department, as well as those individuals waiting for examination and treatment in areas other than traditional emergency departments (that is, entrance, admitting area, waiting room, treatment area) a sign (in a form specified by the Secretary) specifying the rights of individuals under section 1867 of the Act with respect to examination and treatment for emergency medical conditions and women in labor; and to post conspicuously (in a form specified by the Secretary) information indicating whether or not the hospital or rural primary care hospital (e.g., critical access hospital) participates in the Medicaid program under a State plan approved under Title XIX.	<ul style="list-style-type: none"> <li>• No EMTALA signs visible in waiting area</li> <li>• No EMTALA signs posted in all waiting rooms, treatment/exam rooms and registration area.</li> </ul>	2
A-0406	489.24(a) and §489.24(c) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction. If an emergency medical condition is determined to exist, the hospital must provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. Sanctions under this section for inappropriate transfer during a national emergency	<ul style="list-style-type: none"> <li>• Did not provide a medical screening examination to determine if a medical emergency existed.</li> <li>• Did not conduct a comprehensive medical screening evaluation</li> </ul>	4

	<p>do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.</p>		
A-0407	<p>489.24(d)(1-3) 1) Subject to the provisions of paragraph (d)(2) of this section, if any individual (whether or not eligible for Medicare benefits) comes to a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either, within the capabilities of the staff and facilities available at the hospital, for further medical examination and treatment as required to stabilize the medical condition; or for transfer of the individual to another medical facility in accordance with paragraph (e) of this section. (2) Exception: Application to inpatients. (i) If a hospital has screened an individual under paragraph (a) of this section and found the individual to have an emergency medical condition, and admits that individual as an inpatient in good faith in order to stabilize the emergency medical condition, the hospital has satisfied its special responsibilities under this section with respect to that individual (ii) This section is not applicable to an inpatient who was admitted for elective (nonemergency) diagnosis or treatment. (iii) A hospital is required by the conditions of participation for hospitals under Part 482 of this chapter to provide care to its inpatients in accordance with those conditions of participation. (3) Refusal to consent to treatment. A hospital meets the requirements of paragraph (d)(1)(i) of this section with respect to an individual if the hospital offers the individual the further medical examination and treatment described in that paragraph and informs the individual (or a person acting on the individual's behalf) of the risks and benefits to the individual of the examination and treatment, but the individual (or a person acting on the individual's behalf) does not consent to the examination or treatment. The medical record must contain a description of the examination, treatment, or both if applicable, that was refused by or on behalf of the individual. The hospital must take all reasonable steps to secure the individual's written informed refusal (or that of the person acting on his or her behalf). The written document should indicate that the person has been informed of the risks and benefits of the examination or treatment, or both.</p>	<ul style="list-style-type: none"> <li>• No policy in place to inform patients of the risks of leaving the ER prior to a medical screening.</li> <li>• Did not stabilize patient's medical condition prior to transfer to a psychiatric treatment facility</li> </ul>	2

A-0456	489.55(a)(3) The policies and procedures governing medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff.	<ul style="list-style-type: none"> <li>Hospital failed to follow their policies.</li> </ul>	2
Number of General Acute and Psychiatric Hospital Tags Cited 2 or more times:			17
<b>PHYSICAL ENVIRONMENT/LIFE SAFETY CODE</b>			
K-012	Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	<ul style="list-style-type: none"> <li>Numerous steel members not fire protected to the required Building Type for floor support beams and columns that this facility was originally built under as a Type IB (3,3,2).</li> <li>The bar joists are not enclosed in a one-hour fire barrier assembly.</li> <li>The existing one-hour plaster ceiling through out the boiler rooms is penetrated by many holes, negating the one-hour rating on this assembly.</li> <li>The floor was not protected to the required Building Type I (3,3,2) construction.</li> </ul>	3
K-020	Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour An atrium may be used in accordance with 8.2.5.6. 19.3.1.1	<ul style="list-style-type: none"> <li>Stairways, elevator shafts, ventilation shafts, chutes and other vertical openings between floors not enclosed with The exhaust ducts that pass up from the first and second floor could not be determined that the walls enclosing the ducts were one hour fire rated.</li> <li>Construction having a fire-resistance rating of at least 2-hours as the minimum requirement for buildings 4-stories or more in height per Type 1B (3,3,2) non-combustible. This building has no Atrium.</li> </ul>	2
K-021	Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2	<ul style="list-style-type: none"> <li>The exit door to the stairs from 2nd floor was being held open and it did not release upon activation of fire alarm, local smoke detectors or sprinklers.</li> <li>Door to high-rise stairwell was open, caused by air pressure from the vestibule and corridor of the CVI building at this level.</li> </ul>	2

K-025	Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	<ul style="list-style-type: none"> <li>Smoke Barriers' are not constructed to provide at least 1/2 hour fire-resistive rating in accordance with NFPA 101-</li> <li>Drywall was not installed up to the roof deck, holes in the drywall were not fire safe.</li> <li>Large holes were present in the drywall above the ceiling.</li> <li>The one-hour smoke compartment wall is not properly constructed since the drywall wall is not extended up to the deck above, in the corridor of the OB suite.</li> </ul>	3
K-029	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	<ul style="list-style-type: none"> <li>1-hour enclosure around hazardous spaces were not built or maintained to the minimum requirements of 1-hour fire-resistive construction because of various penetrations in wall or components of walls/doors damaged, which would protect the space.</li> <li>The walls have gaps in the drywall, are not taped and mudded up to the deck and fire safing is not installed at penetrations of these walls.</li> </ul>	4
K-033	Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1	<ul style="list-style-type: none"> <li>Stair ways or exit passageways have doors that do not meet the minimum smoke barrier requirements by not having astragals at the double-door meeting edges per 8.2.5.1.</li> </ul>	3
K-034	Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4	<ul style="list-style-type: none"> <li>Exterior exit pathway to a public way did not protect the exit pathway.</li> </ul>	2
K-038	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	<ul style="list-style-type: none"> <li>The exit pathway made of asphalt paving to a public in bad condition and exceeded the 1 in 20 slope requirement.</li> <li>Exit pathway were blocked by vehicles parked randomly on asphalt paving near 'exit'</li> </ul>	3
K-046	Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	Record Review that emergency lighting battery back-up devices are not checked on a regular basis to make sure the spaces identified have continuous light to prevent accidents or death to occupants within the facility.	2
K-047	Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1	<ul style="list-style-type: none"> <li>Some exit and directional signs are not displayed and installed correctly per NFPA 72 &amp; NFPA 101 - Section 7.10.</li> </ul>	3

K-052	Fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	<ul style="list-style-type: none"> <li>Fire alarm wire not the correct type based on thickness of wire and not installed, tested, and maintained in accordance with NFPA 70 &amp; 72 requirements.</li> </ul>	4
K-056	If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	<ul style="list-style-type: none"> <li>Standard for the Installation of Sprinkler Systems, and the system not properly installed.</li> <li>X-Ray Storage Room and the Medical Records Room not full sprinkler coverage because there is not 18 inches of clearance below the sprinkler head and storage above maintained in accordance with NFPA 25</li> </ul>	5
K-067	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	<ul style="list-style-type: none"> <li>Area above the ceiling had more positive pressure than the area below the ceiling</li> </ul>	3
K-075	Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5	<ul style="list-style-type: none"> <li>No firesafing is installed at the penetrations of walls around this room on either side of these of walls.</li> </ul>	2
K-130	OTHER LSC DEFICIENCY NOT ON 2786	<ul style="list-style-type: none"> <li>Unprotected wood</li> <li>Clutter at exit</li> <li>Dust and dirt near inpatient area</li> </ul>	4
K-144	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	<ul style="list-style-type: none"> <li>No record of any load bank test. It cannot be verified that the generator was tested properly each year.</li> </ul>	2
K-147	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	<ul style="list-style-type: none"> <li>Electrical outlet concealed above the ceiling which does not meet NFPA 70 requirements.</li> </ul>	2
Number of PE/LSC Tags Cited 2 or more times:			17
<b>HFS 124 STATE HOSPITAL RULE</b>			
R-0253	124.05(3)(a)3. Patient rights and responsibilities. Hospital staff assigned to direct patient care shall be informed of and demonstrate their understanding of the policies on patient rights and responsibilities through orientation and appropriate inservice training activities.	<ul style="list-style-type: none"> <li>Failed to have hospital approved policy for abuse.</li> <li>Lack of training on patient rights.</li> </ul>	2

R-0294	124.08(1) The hospital shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There shall be an active program for the prevention, control and investigation of infections and communicable diseases.	<ul style="list-style-type: none"> <li>Failed to provide sanitary environment to prevent transmission of infections. Dust and dirt going into the ICU.</li> <li>No system to identify source of infections.</li> </ul>	3
R-0313	124.08(4)(b) Sanitary environment. A sanitary environment shall be maintained to avoid sources and transmission of infection.	<ul style="list-style-type: none"> <li>Lack of proper hand washing</li> </ul>	3
R-0417	124.13(2)(b)2.b. Care determinants. A registered nurse shall plan, supervise and evaluate the care of all patients, including the care assigned to other nursing personnel.	<ul style="list-style-type: none"> <li>Care plan inappropriately changed, pt received regular diet and chocked.</li> <li>Fail to re-evaluate the plan to meet pt . needs.</li> </ul>	2
R-0430	124.13(6)(b) There shall be a written nursing care plan for each patient which shall include the elements of assessment, planning, intervention and evaluation.	<ul style="list-style-type: none"> <li>Failed to update plan to meet ongoing patient needs.</li> </ul>	3
R-0465	124.14(3)(a)6. Medical record contents. The medical record staff shall ensure that each patient's medical record contains: All diagnostic and therapeutic orders;	<ul style="list-style-type: none"> <li>Incomplete orders and documentations.</li> </ul>	2
R-0496	124.14(5)(a)1. Authentication of All Entries. Documentation. All entries in medical records by medical staff or other hospital staff shall be legible, permanently recorded, dated and authenticated with the name and title of the person making the entry.	<ul style="list-style-type: none"> <li>Orders not written with dates, time, and name of person writing the order.</li> </ul>	5
R-0517	124.15(4)(a) Storage and equipment. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security. In a pharmacy, current reference materials and equipment shall be provided for the compounding and dispensing of drugs. Hospitals utilizing automated dispensing systems must meet the requirements under Phar 7.09.	<ul style="list-style-type: none"> <li>Crash cart had 2 open drawers with medication that was accessible to non personnel.</li> </ul>	2
R-0673	124.20(3)(b)1. Anesthesia use requirements. Every surgical patient shall have a preanesthetic evaluation by a person qualified to administer anesthesia, with findings recorded within 48 hours before surgery, a preanesthetic visit by the person administering the anesthesia, and an anesthetic record and post-anesthetic follow-up examination, with findings re-corded within 48 hours after surgery by the individual who administers the anesthesia.	<ul style="list-style-type: none"> <li>Post op exams done before patient can fully recover. (Before 48 hours)</li> </ul>	2
R-0865	124.27(1) General. The buildings of the hospital shall be constructed and maintained so that they are functional for diagnosis and treatment and for the delivery of hospital services appropriate to the needs of the community and with due regard for protecting the health and safety of the patients. The provisions of this section apply to all new, remodeled and existing construction unless otherwise noted.	<ul style="list-style-type: none"> <li>Behavioral unit bathroom equipment is a hazard to patient safety.</li> <li>Clutter that prevents unsafe exit.</li> </ul>	4

R-0868	124.28(1) The hospital shall provide fire protection adequate to ensure the safety of patients, staff and others on the hospital's premises. Necessary safeguards such as extinguishers, sprinkling and detection devices, fire and smoke barriers, and ventilation control barriers shall be installed to ensure rapid and effective fire and smoke control.	<ul style="list-style-type: none"> <li>• Did not provide safe sprinkler system.</li> <li>• Sprinkler heads blocked.</li> <li>• Ceiling tile damaged.</li> </ul>	2
R-0872	124.29(1) The hospital shall submit its plans and specifications for any new construction or remodeling to the department according to the following schedules: One copy of preliminary or schematic plans shall be submitted to the department for review and approval;	<ul style="list-style-type: none"> <li>• Remodeling plans not submitted to BQA.</li> </ul>	2
R-0873	124.29(2) The hospital shall submit its plans and specifications for any new construction or remodeling to the department according to the following schedules: One copy of final plans and specifications which are used for bidding purposes shall be submitted to the department for review and approval before construction is started;	<ul style="list-style-type: none"> <li>• Not submitting plans for remodeling</li> </ul>	2
Number of HFS 124 Rules Cited 2 or more times:			13
<b>TOTAL NUMBER OF TAGS CITED 2 OR MORE TIMES:</b>			<b>54</b>
<b>NUMBER OF SURVEYS COMPLETED BY TYPE:</b>			
• recertification surveys			2
• full survey after COPs out on complaints			2
• complaint surveys			23
• other surveys: initial (PPE psych unit)			1
<b>TOTAL NUMBER OF SURVEYS COMPLETED:</b>			<b>28</b>