

Hospital Citation Report

April 1, 2005 – June 30, 2005

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.

The following is a list of the hospital tags cited two or more times during the second quarter of 2005. Critical Access Hospital (CAH) statistics have been separated from general acute hospital statistics.

Critical Access Hospitals

C-0278

§485.635(a)(3)(vi) A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.

Four Citations

Generally surveyors cite this tag when they observe multiple infection control violations during hospital tours and unit visits. Examples discussed were: clean linen not covered; no eyewash stations; uncovered soiled linens in the OR; no dedicated area for soiled linens and trash; clean dish line adjacent to soiled dish rinsing area resulting in clean dishes being sprayed with dirty water; staff not washing hands.

C-0220

§485.623 Condition of Participation: Physical Plant and Environment

Three Citations

C-0220 and C-0231 relate to the building envelope and are tied together.

C-0231

§485.623(d) Standard: Life Safety From Fire

- (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 and at the Office of the Federal Register, 800 North Capital Street NW, Suite 700, Washington, DC. 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.

Three Citations

Deficiencies comprising the Life Safety Code (LSC) standard are generally a compilation of violations of a number of the "K tags" that make up the LSC.

Common K tags cited include:

K 20 stairwell doors not properly rated; no closer on exit doors.

K 25 No fire safe materials around openings in one hour rated walls, rendering the walls no longer a one hour fire barrier. This often occurs when holes are made to accommodate cables or wiring.

K 29 Hazardous storage. Combustible or flammable materials are not stored in one hour rated rooms.

K 56 Sprinkler system. One or more sprinkler heads are obstructed.

K 130 Miscellaneous items. Example: foam insulation is not covered.

C-0276

§485.635(a)(3)(iv) Rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.

Two citations

Outdated medications in the OR anesthesia carts or the refrigerator.

C-0277

§485.635(a)(3)(v) Procedures for reporting adverse drug reactions and errors in the administration of drugs.

Two citations

Medication errors not reported to physicians. Medication errors not reported to physicians in a timely manner.

C-0280 §485.635(a)(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH.

Two citations

Policies and procedures not reviewed annually.

C-0306 §485.638(a)(4)(iii) All orders of doctors of medicine or osteopathy or other practitioners, reports of treatments and medications, nursing notes and documentation of complications, and other pertinent information necessary to monitor the patient's progress, such as temperature graphics, progress notes describing the patient's response to treatment

Two citations

No allergies listed. Incomplete feeding records on newborns – no documentation for entire 8 hour shifts. No nursing assessment documented.

C-0307 §485.638(a)(4)(iv) Dated signatures of the doctor of medicine or osteopathy or other health care professional.

Two citations

Physician orders not signed, not dated, or not timed.

General Acute Hospitals

A-0204

§482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient.

Three citations

Lack of a comprehensive nursing assessment for cardiac or respiratory disorders in accordance with standards of practice. Incomplete documentation of symptoms and no follow-up documentation of action. Documentation of patient complaints with no additional documentation of assessment or action taken.

A-0057 §482.13(c)(2) The patient has the right to receive care in a safe setting.

Two citations

Suicide by gunshot on psychiatric unit. Psychiatric unit physical environment presents obvious suicide risks in high risk areas, e.g., non-recessed door fixtures, shower handles, ventilation grids in seclusion areas, hand rails.

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.

Two citations

Nursing care plan not updated to reflect new symptoms or risk factors. No individualization of nursing care plans; staff refer to a manual on the shelf for nursing care direction.

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.

Two citations

No physician dating or timing of orders, dictations, other record entries.

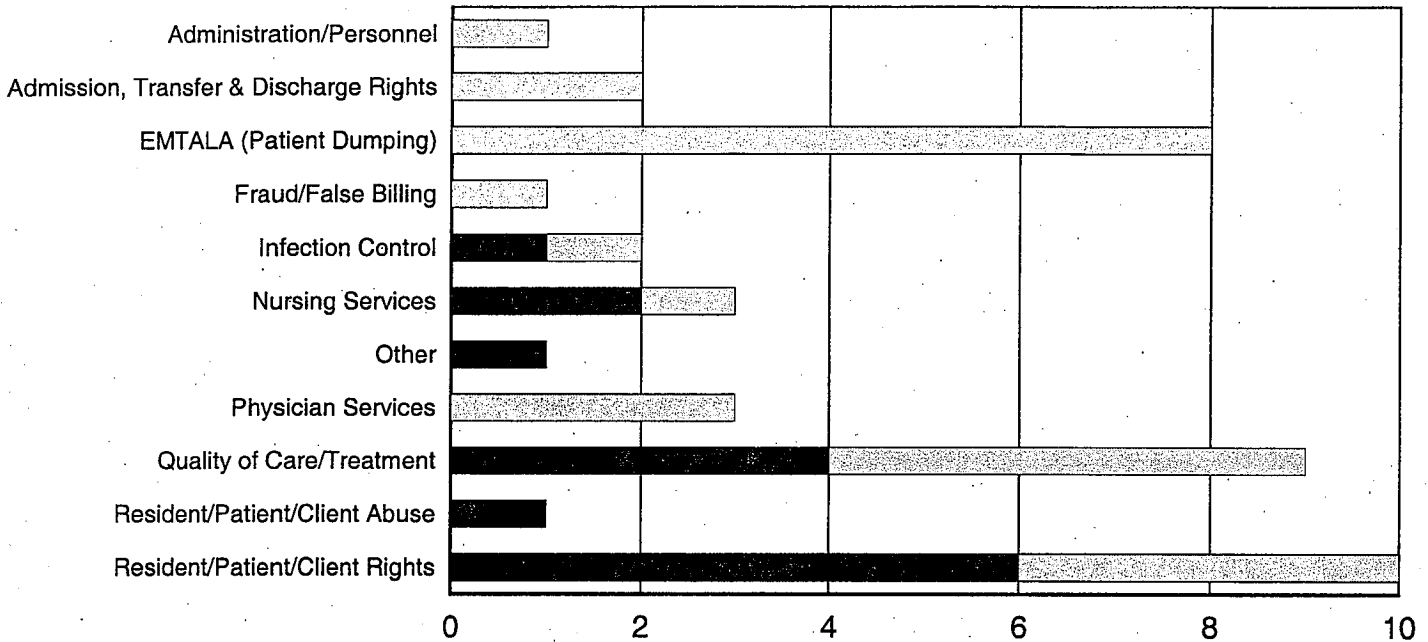
A-0340

§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.

Two citations

Hospital staff do not track all nosocomial and non-nosocomial infections.

ACTS Complaint/Incident Allegation History 04/01/2005 to 06/30/2005



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- Sum of @Substantiated
- Sum of @Unsubstantiated
- Sum of @Investigation N/A
- Sum of @Pending Investigation
- Sum of @Pending Triage

Total Number of Allegation Included: 41

Substantiated	Allegation Findings set to 1-Substantiated
Unsubstantiated	Allegation Findings set to 2-Unsubstantiated
Investigation N/A	No Findings set for allegation. Intake priority F, G, or H (Referral Immediately Referral, Other, or No Action Necessary)
Pending Investigation	No Findings set for allegation. Intake priority A, B, C, D, or E (U, Non-U High, Non-U Medium, Non-U Low, or Non-U Admin Review/Offsite Investigation)
Pending Triage	No Findings set for allegation. No priority value set for intake

ACTS Complaint/Incident Allegation History

04/01/2005 to 06/30/2005

Allegation Category	Pend Triage	Pend Invest	Investigation N/A	Substantiated	Unsubstantiated	# Allegations
Administration/Personnel	0	0	0	0	1	1
Admission, Transfer & Discharge Rights	0	0	0	0	2	2
EMTALA (Patient Dumping)	0	0	0	0	8	8
Fraud/False Billing	0	0	0	0	1	1
Infection Control	0	0	0	1	1	2
Nursing Services	0	0	0	2	1	3
Other	0	0	0	1	0	1
Physician Services	0	0	0	0	3	3
Quality of Care/Treatment	0	0	0	4	5	9
Resident/Patient/Client Abuse	0	0	0	1	0	1
Resident/Patient/Client Rights	0	0	0	6	4	10
Grand Total	0	0	0	15	26	41

Status of Intakes: 1 - Triage	0
2 - Pending RO Approval	0
3 - Pending Review/Assignment	0
4 - Under Investigation	0
5 - Investigation Completed	8
6 - Forwarded to R.O./M.S.A	3
7 - Pending SA Finalization	1
8 - Closed	14

Total Number of Intakes Logged: 26

With Allegations Totaling: 41

Substantiated	Allegation Findings set to 1-Substantiated
Unsubstantiated	Allegation Findings set to 2-Unsubstantiated
Investigation N/A	No Findings set for allegation - Intake priority F, G, or H (Referral Immediately, Referral - Other, or No Action Necessary)
Pending Investigation	No Findings set for allegation - Intake priority A, B, C, D, or E (U, Non-U, High, Non-U, Medium, Non-U, Low, or Non-U Admin Review/Onsite Investigation)
Pending Triage	No Findings set for allegation - No priority value set for intake