

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

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 261314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2006
NAME OF PROVIDER OR SUPPLIER HERMANN AREA DISTRICT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 509 W 18TH ST HERMANN, MO 65041		
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C 000	INITIAL COMMENTS	C 000			
C 222	<p>An onsite unannounced Medicare (with swingbed) survey was conducted at Herman Area District Hospital on February 27 to March 2, 2006. The following deficiencies are cited under CFR 485.6 , as it refers to this survey.</p> <p>485.623(b)(1) MAINTENANCE</p> <p>The CAH has housekeeping and preventive maintenance programs to ensure that all essential mechanical, electrical, and patient care equipment is maintained in safe operating condition.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview it was determined that the facility failed to insure that the hood for the pharmacy had been maintained according to an annual schedule. Findings include:</p> <p>Observation on 3/2/06 of the ventilation hood in pharmacy revealed that the inspection sticker indicated that the last preventative maintenance check was done on 1/19/05.</p> <p>Interview with the pharmacy technician revealed that the company who does the maintenance on the hood had been called but had not yet done the overdue check on the hood. Review of the inspection report that had been done on 1/19/05 revealed that the hood condition was satisfactory. When the hood was started on 3/2/06 the flow meter (magnehelic) indicated a rate of over 0.50 and the last inspection report indicated the previous flow during testing of 0.22.</p>	C 222			
C 223	485.623(b)(2) MANAGEMENT OF TRASH	C 223			

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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C 223	Continued From page 1 The CAH has housekeeping and preventive maintenance programs to ensure that there is proper routine storage and prompt disposal of trash. This STANDARD is not met as evidenced by: Based on observation and interview it was determined that the facility failed to separate the storage of tubs for infectious waste from soiled and clean linen storage. Findings include: It was observed on 3/1-2/06 that in the laundry area for the facility there were seven red tubs for use with collection of infectious waste in the hospital. There were six empty tubs stacked near the wall with laundry to be processed on the floor touching the tubs on 3/2/06. The other tub was on the floor near the door to the room and had scrub pants to be laundered on top of the tub. Interview with the housekeeping supervisor on 3/2/06 revealed that the one tub did have some infectious waste in the tub and that the scrub pants were new and to be laundered. The supervisor explained that the tubs were ready for use and that when full were kept in a shed outside the hospital. Maintenance would bring empty tubs into the laundry room for use. The supervisor did not know if the tubs had been cleaned after being stored in the shed with the other tubs. The soiled linen is also stored in this area in large carts until it is picked up by a contractor on Monday, Wednesday and Friday. The washer and dryer in the area are used to process personal clothing from the patients.	C 223			
C 276	Continued From page 1	C 276			
C 276	485.635(a)(3)(iv) POLICIES - DRUG MANAGEMENT	C 276			

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C 276	<p>Continued From page 2</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility policy review facility failed to ensure medication storage areas outside of pharmacy were stored locked and accessible only to authorized personnel. The patient census was 22.</p> <p>Findings include:</p> <p>1) Tour of operating room(OR) #1 on 02/27/06 at 1420 revealed anesthesia cart drawers unlocked. Medication contained in drawers #1, #2, #7, and #8 were respiratory stimulants, antihypertensive drugs, antidysrhythmic drugs, anesthetic drugs, antiinflammatory drugs, bronchodilator drugs, antihistamine drugs, diuretic drugs, Benzodiazepine receptor antagonist, Opioid antagonist, neuromuscular blocker drugs, anticholinergic drugs, cholinergic drugs, cholinergic blocker drugs, anticholinesterase drugs, corticosteroid drugs, antibiotic drugs, neuromuscular blocker drugs, and anticoagulant drugs. A total of 154 medications found unlocked in the drawers of the anesthesia cart.</p> <p>2) Interview with Staff D, RN, OR at time of tour revealed "only the certified nurse anesthetist (CRNA) has a key to the anesthesia cart. Cart</p>	C 276			

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C 276	<p>Continued From page 3</p> <p>should be locked, OR door is not locked someone could have accessed medication in the cart." Interview with staff D revealed 'cart last used on Friday, cart was unlocked over the weekend.'</p> <p>3) Interview with Staff C, pharmacist, on 2/28/06 at 0830 revealed "Cart should have been locked."</p> <p>4) Observation on medication administration on 2/28/06 at 0805 to 0830 revealed Staff E, RN staff failed to lock medication cart after accessing medications for individual pts:</p> <p>Staff E obtained medication for patient (pt) #33, being treated for failure to thrive, from medication cart. Staff E left medication cart in hallway with drawers unlocked. Cart was not visible to Staff E. Visitors and staff observed in the hallway. Staff E returned to medication cart and obtained medication for pt #32, a recent stroke pt. Staff E left medication cart in hallway with drawers unlocked. Cart was not visible to Staff E. Staff E returned to medication cart and obtained medication for pt#31, a stroke pt, Staff E left medication tray on top of medication cart and returned to pt room to administer medication. Staff E could not see medication cart from pt room.</p> <p>5) Observation on 2/28/06 at 8:45 AM, revealed bags of medication labeled with patients names in an unlocked cabinet behind nursing station.</p> <p>6) During an interview on 2/28/06 at 8:45 AM, pharmacy Staff G stated when patients bring in their home medications, the medications are placed in a bag, labeled with the patients name and stored in the unlocked cabinet.</p>	C 276			

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C 276	Continued From page 4 7) During an interview on 2/28/06 at 10:10 AM, the Director of Nursing, Staff B stated patients home medications were safe being stored in the unlocked cabinet. 8) Review of facility policy reference 5001 reveals: Subject: Medication Security Policy: All drugs stored in Hermann Area District Hospital shall be accessible only to authorized personnel. Procedure: All drugs, except those intended for crash cart use, will be stored in lockable containers or areas. When unattended, the medication carts and medication rooms are to be locked. Medication security in ancillary departments such as Imaging, GI Lab and other diagnostic labs is in locked cabinets or drawers. Responsibility for security rests with the department director or designee. (In OR, the CRNA has the key to the anesthesia cart, and is responsible for locking the cart).	C 276			
C 279	Continued From page 4	C 279			
C 279	485.635(a)(3)(vii) POLICIES - NUTRITION The policies include, if the CAH furnishes inpatient services, procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §485.25(i) is met with respect to inpatients receiving post-hospital SNF care. This STANDARD is not met as evidenced by:	C 279			

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C 279	<p>Continued From page 5</p> <p>review facility staff failed to ensure the nutritional needs of patients are met in accordance with recognized dietary practices for sanitary food preparation and service. The facility census was 22.</p> <p>Findings included:</p> <p>1. Observation on 3/1/06 at 11:22 A.m. in the dish washing area of the facility kitchen revealed dietary staff placing racks of soiled dishes through a mechanical dish washing machine.</p> <p>During an interview on 3/1/03 at 11:22 A.M. the Director of Dietary, Staff M stated the following:</p> <ul style="list-style-type: none"> - The mechanical dish washing machine used chemical sanitizing solutions to sanitize washed utensils and dishes. - The level is check daily by herself or another supervisory staff member in the department. - The level of sanitizer should be 50 PPM (parts per million, a measurement of sanitizing solution in the rinse water) as posted on the side of the dish washing machine. - The level is checked by test tape method then, comparison to the test tape to a color coded graph on the side of the test tape container. <p>Observation on 3/1/06 at 11:22 A.M. revealed the test tape measurement taken by the Director of Dietary, Staff M showed an approximate level of 10 PPM or too little sanitizing solution in the rinse water of the mechanical dish washing machine.</p> <p>During an interview on 3/1/06 at 11:23 A.M. the Director of Dietary, Staff M stated the level of sanitizer in the machine needed to be turned up.</p>	C 279			

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C 279	Continued From page 6 2. Observation on 3/1/06 at 11:35 A.M. revealed the Director of Dietary, Staff M demonstrated he/she had on a hair net by touching the hair and hair net then, without hand washing assembled foods on trays for patient noon meal service. Record review of a Dietary Department policy and procedure entitled Washing Hands, dated 2/2000 directed staff to wash hands at specific intervals including after touching face or hair.	C 279			
C 297	Continued From page 6	C 297			
C 297	485.635(d)(3) NURSING SERVICES - DRUG ADMINISTRATION All drugs, biologicals, and intravenous medications must be administered by or under the supervision of a registered nurse, a doctor of medicine or osteopathy, or where permitted by State law, a physician assistant, in accordance with written and signed orders, accepted standards of practice, and Federal and State laws. This STANDARD is not met as evidenced by: Based on observation, interview, and facility policy review facility failed to follow facility policies and procedures and standards of practice for the administration of medications. Facility census was 22. Findings include: 1) Observation on 2/28/06 at 8:25 AM revealed Staff F, administered Patient #33 tube feeding medications. Staff F disconnected the tube feeding pump, administered Patient #33 medication by pushing the medication with the	C 297			

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C 297	<p>Continued From page 7</p> <p>water and reconnected the tube feeding pump.</p> <p>2) During an interview with Staff F on 2/28/06 at 8:25 AM , after the medication administration, Staff F said tube feeding medications are not given by gravity, they use the plunger on the syringe to administer the medications.</p> <p>3) During an interview on 2/28/06 at 10:40 AM, the Director of Nursing, Staff B, revealed no policy and procedure could be located for the administration of tube feeding medications. Staff B stated staff should check tube placement and flush the tube before administering medications.</p> <p>4) Review of the facility's Policy and Procedures revealed no policy and procedure for the proper administration of tube feeding medications.</p> <p>5) During an interview on 3/1/06 at 12:00 PM, Staff F stated during orientation he/she had been taught administration of tube feeding medications. Staff F said he/she was not taught to check gastric tube placement or flush the tube prior to administering medications.</p> <p>6) Record review of Patient #1's physician's orders dated 2/25/06, revealed Staff H wrote a verbal for order for Citalopram (Celexa) (an antidepressant) 40 milligrams once a day. The last line of the verbal order also included Celexa 20 milligrams 1/2 tablet once a day (that had been written in a different handwriting style).</p> <p>7) During an interview on 2/28/06 at 1:45 PM, Staff H stated he/she had written the verbal orders for Patient #1's home medications. Staff H said he/she had not written in the order for Celexa 20 milligrams 1/2 tablet once a day. Staff H said</p>	C 297			

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C 297	Continued From page 8 he/she did not know who wrote that in under his/her verbal order. 8) During a interview on 2/28/06 at 2:30 PM, the Director of Nursing, Staff B said the staff who had written in the Celexa order should not have written it under another staffs verbal order. Staff B said the order should have been clarified and written under a separate order. 9) Review of facility's Policy and Procedure titled "Verbal Orders by the Physician" revealed: Procedure Verbal Orders: The order will be written on the Physician Order Sheet by the person receiving the order and noting the date and time received, the name of the physician and the receiver's name and title.	C 297			
C 307	Continued From page 8	C 307			
C 307	485.638(a)(4)(iv) RECORDS SYSTEM For each patient receiving health care services, the CAH maintains a record that includes, as applicable, dated signatures of the doctor of medicine or osteopathy or other health care professional. This STANDARD is not met as evidenced by: Based on interview and record review facility staff failed to ensure patient medical records contained dated signatures authenticating physicians orders in 1 (Patient #36) of 51 sampled medical records.. The facility census was 22. Findings included: 1. Record review of Patient #36's closed medical record revealed staff admitted the patient on	C 307			

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C 307	Continued From page 9 fibulation. Record review of Patient #36's physician orders revealed a staff nurse recorded verbal orders for medications and treatments dated 10/18/05 and failed to secure an authenticating signature from the ordering physician. During an interview on 3/1/06 at 10:55 A.M. the Director of Health Information Management, Staff J confirmed the verbal order recorded by staff on 10/18/05 had not been authenticated by Patient #36's physician. Record review of the facility policy entitled, Medication Orders and Administration of Medications reviewed 10/13/05 directed that verbal orders were to be signed by the physician within twenty four (24) hours of having given the orders.	C 307			
C 308	Continued From page 9	C 308			
C 308	485.638(b)(1) PROTECTION OF RECORD INFORMATION The CAH maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to store medical records in a secure environment to prevent loss of confidentiality and/or tampering. Facility census on first day of survey is 22. Findings include: 1) During tour of the outpatient clinic/ambulatory care area on 3/1/06 at 0945, observed a portable	C 308			

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C 308	<p>Continued From page 10</p> <p>hanging file folders in top basket of cart. Records contained information related to pt care. Records contained the following information: Patient name, treatment, diagnosis, date of birth, medical record number, and phone number.</p> <p>2) Access to room was by a key placed in unlocked drawer in file cabinet adjacent to room.</p> <p>3) Staff L, registrar for the department states "rack not normally kept down here; moved due to space issues." Staff L states "housekeeping knows location of key to be able to clean room."</p> <p>4) Observation on 3/1/06 at 10:00 A.M. in the facility basement revealed the following:</p> <ul style="list-style-type: none"> - The Director of Health Information Management (HIM), Staff J stored multiple cardboard boxes of medical records on open shelving in a room where other facility departments (Billing and Pharmacy) also stored records and paper supplies on adjacent shelving. - An alcove off the rear of the main area revealed an unenclosed office area with desk, chair, personal items and routine office supplies. - Some of the drop ceiling tiles over the storage shelving had browned water damage on them. <p>During an interview on 3/1/06 at 10:00 A.M. the Director of HIM, Staff J stated the following:</p> <ul style="list-style-type: none"> - The office area off the main medical records storage area housed the facility grant writer. - In order to get to the office area the grant writer had to walk through the area where the open shelving where the medical records were stored. - The door to the main room was usually 	C 308			

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C 308	<p>Continued From page 11</p> <p>locked.</p> <ul style="list-style-type: none"> - The door to the main room was not locked during the day because staff from the billing department were in their upstairs offices near the entrance to the stairway down to the basement storage room. - The door to the billing department (leading out to the lobby) was usually locked. - The door to the billing area was not locked today. <p>5) Observation on 3/1/06 at 1:50 P.M. revealed staff in the Rehabilitation Department stored medical records of patients currently being treated in an unlocked desk drawer in the department secretary's office. The secretary's office is in an anterior section of the department off a corridor leading to an outside exit.</p> <p>During an interview on 3/1/06 at 1:50 P.M. Lead Registered Physical Therapist, Staff N stated staff routinely stored the medical records of patients under current treatment in the unlocked desk drawer of the secretary's desk.</p>	C 308			