

Hospital Citation Report for April 1, 2007 - June 30, 2007

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Tag	Regulation	Basis for Citation	# Fed Cites	# State Cites
Discharge Planning				
A 350			1	1
R 247				
EMTALA				
A 400			4	0
A 405				
A 406				
A 409				
Governing Body				
R 212			0	1
Swing Bed: Hospital and CAH				
C 152			3	0
C 270				
C 280				
Infection Control				
C 278	The policies include a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	1. failed to ensure there is an active surveillance program in place to document, control and prevent infections:cleaning chemicals was unsecured in a dirty utility room; unsecured needles and sryinges and gloves for patient care stored under the sink; lab boxes are on the floor in the draw room; uncovered linen carts; box of toys, games and crayons were stored on the counter in the soiled utility room; observations of staff breaking antiseptic techniques; other observations of dirt and potential contamination; Infection Control Officer does not do surveillance of the facility for potential infection control issues.	2	4
		2. hospital failed to ensure that nursing staff are following aseptic techniques, that patient equipment and supplies are protected from dust and debris, and that clean and dirty areas are kept separate.		
R 294				
R 310				
R 313				
R 318				
Medical Record Services				
A 229			4	5
A 230				
C 306				
C 307				
R 374				
R 431				
R 442				
R 496	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.	1. the facility failed to ensure all orders were written with a date and/or time, all verbal, telephone and standing orders were authenticated by the Medical Doctor (MD) with a date and/or time.		

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		2. facility failed to ensure orders were timed when written by the MD; in ER records, the facility failed to ensure a verbal order was authenticated by the MD with a date and time.		
Medical Staff			0	1
R 352				
Nursing Services			8	14
A 48				
A 200				
A 204				
A 205				
C 296				
C 297				
C 298	A nursing care plan must be developed and kept current for each inpatient.	1. Records did not have careplans initiated.		
		2. hospital does not ensure that nursing care plans are developed for each patient, are relevant to patient diagnosis, and are kept current. Nursing care plans do not identify the Clostridium difficile diagnosis or the type of isolation precautions necessary for the prevention of the spread of the spores from contact with excrement. The nursing care plan does not identify if the family and patient were taught about the disease and isolation precautions.		
R 399				
R 417	A registered nurse shall plan, supervise and evaluate the care of all patients, including the care assigned to other nursing personnel.	1. hospital did not plan, supervise or evaluate issues related to patient pregnancy.		
		2. hospital failed to initiate nursing care plans		
		3. hospital failed to ensure that nursing staff provide comprehensive patient assessments and on-going assessments that are related to pain and wounds		
R 424				
R 428				
R 429	Nursing care policies and procedures that reflect optimal standards of nursing practice shall be in writing and shall be reviewed and revised as necessary to keep pace with current knowledge. Written nursing care policies and procedures shall be available on each nursing unit.	1. hospital failed to provide minimal standards of nursing care in the pain management		
		2. hospital failed to incorporate current standards of practice in pain management into their policy		
R 430				
R 431	Documentation of nursing care shall be pertinent and concise and shall describe patient needs, problems, capabilities and limitations Nursing interventions and patient responses shall be noted.	1. hospital failed to provide to a pregnant patient a care plan to address patient needs, problems, capabilities or limitations related to her pregnancy.		
		2. nursing failed to provide consistent and concise documentation for patients pain and their response to pain management		

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		3. hospital failed to document in accordance with their policy and protocol to describe patient 's pain and response to medication interventions		
		4. facility failed to ensure sufficient documentation including times of events, care, treatments, and response to treatments		
		5. facility failed to ensure documentation of patient assessments for ongoing status, pain, interventions and response to interventions.		
Services: Anesthesia, Emrgcy, Food & Dietetic, Nucl Medicine, Respiratory, Outpt, Radiologic, Rehab & Surgical			5	8
A 456				
C 279				
C 388				
C 395				
C 397				
R 544				
R 548				
R 558				
R 566				
R 573				
R 765				
R 810	The emergency room patient record shall contain: a. Patient identification;b. History of disease or injury; c. Physical findings; d. Laboratory and x-ray reports, if any; e. Diagnosis; f. Record of treatment; g. Disposition of the case; h. Authentication as required by s.HFS 124.14(3)(b); and i. Appropriate time notations, including time of the patient's arrival, time of physician notification, time of treatments, including administration of medications, and time of patient discharge or transfer from the service.	1. facility failed to ensure the time of the Medical Screening Exam (initial treatment) is documented for patients. Examples included patients with complaint of heart attack, complaint of amputated fingers, complaint of Chest Pain, diagnosis of a broken leg; complaint of head injury, diagnosis of CVA (stroke), diagnosis of congestive heart failure, and a resusitation in progress.		
		2. failed to ensure documentation of when the MD was notified of the patient's arrival, and failed to ensure documentation of when the Medical Screening Exam (MSE)/treatment was conducted.		
Pharmaceutical Services			3	5
A 208				
R 442				
R 511				
R 517	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.	1. facility did not follow accepted professional standards of practice and stored concentrated potassium chloride on a nursing care unit where improperly diluted potassium chloride can be administered inappropriately; stored crash carts in a general hall way unsecured; stored medications in refrigerators that were not being monitored; stored and distributed controlled substances between the pharmacy and anesthesia department without a mechanism to sufficiently protect the controlled substances from diversion; numerous expired medications.		

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		2. Pharmacy staff do not routinely monitor the surgery and radiology department drugs, biologicals and medications. Medications and biologicals are not secured from unauthorized access.		
R 525				
C 276	The policies include 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.	1. facility did not follow accepted professional standards of practice and stored concentrated potassium chloride on a nursing care unit where improperly diluted potassium chloride can be administered inappropriately; stored crash carts in a general hall way unsecured; stored medications in refrigerators that were not being monitored; stored and distributed controlled substances between the pharmacy and anesthesia department without a mechanism to sufficiently protect the controlled substances from diversion; numerous expired medications.		
		2. Pharmacy staff do not routinely monitor the surgery and radiology department drugs, biologicals and medications. Medications and biologicals are not secured from unauthorized access.		
C 277				
Organ Tissue, Eye Procurement			0	0
Patient Rights			10	6
A 40				
A 41				
A 42	The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.	hospital did not effectively review or resolve one grievance reviewed.		
		Hospital failed to follow through on grievance, failed to document investigation or to send a letter to the complainant		
A 46				
A 50				
A 57				
A 58				
A 62				
A 66				
R 242				
R 243				
R 244				
R 250				
R 252				
R 297				
Physical Environment (all K tags are counted as federal cites)			40	2
A 317	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.	1. facility failed to construct (fire proof steel columns), install (provide fire-proofing to steel columns) and maintain the building systems to ensure the safety to patients and staff.		

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		2. facility failed to ensure the safety of patients due to lack of maintenance of the facility's fire alarm system. The fire alarm system was not reliable due to failure of several fire alarm devices and 2 annunciators			
A 321	The hospital must ensure that specific life safety from fire requirements are met.	1. facility failed to construct install and maintain fire protected steel columns to ensure the safety of patients and staff.			
		2. fire inspection report of the building housing the hospital showed that the following devices had failed during testing and inspection of the fire alarm system: 2 Annunciators; Fire Alarm Control Panel failed to report a trouble condition when the standby storage batteries were disconnected. The standby batteries service life of 5 years had expired; 2 Duct smoke detectors; 8 Heat detectors; 3 Ionization smoke detectors; Photo smoke detectors; Manual fire alarm boxes (manual pull stations)			
C 220	The CAH must ensure that specific physical plant and environment requirements are met.	1. improper rated walls separating class of construction (K11), incorrect construction type (K12), corridor walls not smoke tight (K17), improper rated doors in rated walls (K21), incorrect marking of exits (K22), smoke barriers walls not constructed properly (K25), hazardous areas improperly enclosed (K29), exit signage (K47), lack of fire drills (K50), inadequate fire alarm system (K51), improper maintenance of the fire alarm system (K52), deficiencies in the sprinkler system (K56), improper testing and inspection of sprinkler system (K62), incorrect portable fire extinguishers (K64), using corridor as supply return air in the heating ventilating, air conditions system (K67), improper storage of medical gas (K76), improper reporting of the testing on emergency generators (K144), generator testing (K144) and deficiencies in the electrical systems (K147).			
		2.Holes in rated wall to a non conforming building (K11), Doors not smoke tight into corridor (K17), Holes and no fire safing in smoke compartment walls (K25), Holes and no fire safing in hazardous fire barriers (K29), Installation of Sprinkler system not complete (K56), Oxygen storage not in dedicated room (K76), Electrical system not installed properly (K147). The cumulative effect of environment deficiencies result in the Hospitals' inability to ensure a safe environment for the patients and staff.			

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C 222				
C 231				
C 235				
K 11	If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2	1. facility failed to maintain a 2-hr rated building separation between the 1 story " 0-0-0 " buildings and the 2 story " 1-1-1 " rated building.		
		2. facility failed to provide a two-hour separation with a non compliant building along one occupancy separation barrier.		
K 12	Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1	1. facility failed to have fire protection on steel columns. The lack of fire protection could result in structural failure.		
		2. fire protection on the steel members above the ceiling was missing in many areas and all levels. The unprotected steel beams were systematically not fire protected where support clamps and rods were attached to these steel beams to support mechanical and electrical equipment hung throughout the entire hospital.		
		3. facility failed to provide 1-hour fire resistance rating between floors due to various defects in the rated floor/ceiling assembly, affecting 4 of 4 smoke compartments.		
K 17	Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	1. facility failed to provide corridor walls, or meet the permitted exceptions via smoke detection or sprinkler protection for spaces open to a corridor. Unprotected spaces can circumvent the egress corridor protection and subject the egress corridor to potential toxic smoke and/or gases in the event of a fire.		
		2. facility failed to provide a corridor that was smoke tight		
K 21				
K 22				

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K 25	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	1. fire protection on the steel members above the ceiling was missing in many areas and all levels. The unprotected steel beams were systematically not fire protected where support clamps and rods were attached to these steel beams to support mechanical and electrical equipment hung throughout the entire hospital. Spaces where this occurred included; areas above hazardous rooms, inpatient diagnostic & treatment spaces, corridors, and inpatient sleeping rooms. (re-cite)		
		2. facility failed to maintain a 1/2 hr fire-resistance rating and smoke tightness of smoke barriers due incomplete wall construction.		
		3. facility failed to provide a smoke tight one-hour fire barrier at the smoke compartment.		
K 29	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	1. facility failed to provide reliable hazardous room enclosures. Enclosures were circumvented by improper membrane penetrations, lack of a membrane enclosure or non-fire rated doors, thus, subjecting the compartment to potential toxic smoke and/or gases in the event of a fire		
		2. facility failed to provide a one-hour fire barrier separation for areas that are a greater hazard than the general occupancy of the facility.		
K 30				
K 47				
K 50				
K 51				
K 52	A 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	1. facility failed to maintain a reliable fire alarm system due to two non-functioning annunciators and other fire alarm devices.		
		2. facility failed to maintain the fire alarm system according to NFPA 72 requirements because of incomplete inspections.		

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K 56	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	1. a a sprinkler system head component was blocked by a metal structural support used to support the large mechanical duct greater than 48 inches in width.		
		2. facility failed to maintain the fire alarm system according to NFPA 72 requirements because of incomplete inspections.		
		3. facility failed to provide a sprinkler system that met all of the requirements of NFPA 13 for installation.		
K 62				
K 64				
K 67				
K 76	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.	1. facility does not meet the requirement that cylinders of compressed gas are properly secured and stored so they do not present a safety hazard		
	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	2. facility failed to provide a proper enclosure for the storage of oxygen bottles.		
K 131	(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.			
K 144				
K 147	(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	1. the facility failed to provide an electrical installation compliant with NFPA 70, National Electrical Code: items were placed within the code-required 3' clear access space in front of any electrical panel and control; lighting within a stairwell and its exterior exit discharge could be manually switched off, and thereby not provide reliable emergency lighting.		

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		2. facility failed to provide an electrical wiring and equipment that met NFPA 70, National Electrical Standards: No coverplate was installed on the junction box above the ceiling		
R 865				
R 873				
QAPI			0	0
Chief of Service			0	1
R 389				
Psychiatric Services			1	0
B 123				
Other			0	5
R 831		Social work notes		
Z 05		Caregiver Regulations		
Z 12		Caregiver Regulations		
Z 53		Caregiver Regulations		
Z 55		Caregiver Regulations		
	Total Federal/State Cites		81	53
	Total Cites		134	