

Department of Health Services						
Division of Quality Assurance						
<b>Hospital Citation Report for January 1, 2009 - March 31, 2009</b>						
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Tag	Regulation	Basis for Citation	# Fed Cites	# State Cites		
Discharge Planning			5	2		
A 0799						
A 0809						
A 0818						
A 0827						
A 0837						
R 0230						
R 0234						
EMTALA			5	0		
A 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.	1. the facility failed to failed to provide a medical screening examination for a patient, and failed to ensure an appropriate transfer for the patient.				
		2. Emergency Department did not provide a medical screening for a first time seizure patient who arrived on the hospital's grounds, when a Registered Nurse diverted the ambulance to another hospital				

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A 2406	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 (i) 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; and (b) If an emergency medical condition is determined to exist, 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	1. the hospital ED (emergency department) nursing staff provided inaccurate information to the police which lead to the removal of a patient from the ED, and failed to notify the practitioner of the patient's arrival in the ED so the practitioner could provide a medical screening examination to determine if a medical emergency existed.			
		2. the hospital failed to provide a medical screening for 1patient when the ambulance arrived into the hospital's ambulance bay, and ER staff sent ambulance to another hospital.			
A 2409					
<b>Governing Body</b>			<b>2</b>	<b>1</b>	
A 0073					
A 0084					
R 0200					
<b>Swing Bed: Hospital and CAH</b>			<b>6</b>	<b>0</b>	

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C 0226					
C 0271	The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law.	1. the hospital failed to ensure that the behavioral health nursing staff screen all visitors for contraband and weapons prior to admission onto the unit per hospital policy and procedure.			
		2. the hospital failed to ensure that nursing staff had a current policy and procedure for the application of a warm moist packs.			
C 0272					
C 0284					
C 0334					
<b>Infection Control</b>			<b>8</b>	<b>9</b>	
A 0749	The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.	1. the infection control officers failed to have a working system in place for reporting and investigating the potential infection control issues. Two nursing staff and a hospital administrative representative became aware of the unsanitary room conditions of a specific patient room related to the patient and family complaining. The hospital administrative representative, investigated further to observe all unoccupied rooms on the unit were also unclean, and did not follow through with reporting the unit problem to infection control.			
		2. the hospital's infection control officer(s) failed to have a system for identification and control in the maintenance of a sanitary hospital environment.			
		3. the hospital failed to assure they were identifying, monitoring or controlling infections/potential infections of patients and personnel.			

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C 0278	The policies include the following: (vi) a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	1. the hospital does not ensure that the environment is kept clean, and that there is a system in place to prevent potential sources of contamination and infection.				
		2. facility failed to ensure there is an effective infection control surveillance program for preventing and controlling infections.				
		3. the facility failed to maintain sanitary conditions to ensure that patients are protected from potential sources of infection.				
		4. Clean linens are not protected from dust and debris; Clean and dirty supplies are not kept separate.				
		5. the facility failed to maintain sanitary conditions to ensure that patients are protected from potential sources of infection and communicable diseases; clean and dirty are not kept separate to prevent potential contamination and communicable diseases; hospital does not ensure that patients are protected from potential sources of infection; nursing staff are not observing universal precautions..				
R 0294	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.	1. the hospital does not ensure that the environment is kept clean, and that there is a system in place to prevent potential sources of contamination and infection.				

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		2. the Infection Control (IC) program failed to have a working system in place for reporting and investigating infection control issues.				
		3. the facility failed to ensure there is an effective infection control surveillance program for preventing and controlling infections.				
		4. the facility failed to maintain sanitary conditions to ensure that patients are protected from potential sources of infection and communicable diseases; clean and dirty are not kept separate to prevent potential contamination and communicable diseases; hospital does not ensure that patients are protected from potential sources of infection; nursing staff are not observing universal precautions..				
R 0295						
R 0313	A sanitary environment shall be maintained to avoid sources and transmission of infection.	1. the facility failed to maintain sanitary conditions to ensure that patients are protected from potential sources of infection.				
		2. Surveyor observed numerous unsanitary conditions				
		3. Clean linens are not protected from dust and debris and clean and dirty supplies are not kept separate.				
R 0590						
	Medical Record Services		25	15		
A 0146						

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A 0442	[Information from or copies of records may be released only to authorized individuals,] and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records.	1. the hospital failed to ensure that unauthorized individuals could not gain access or alter patient records.				
		2. the facility failed to assure the safety and security of all medical records.				
A 0450						
A 0454	all orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law.	1. the facility failed to ensure all orders are timed when written				
		2. the hospital failed to ensure that all orders were timed and dated				
		3. the hospital failed to insure that orders were dated and timed.				
A 0457	All verbal orders must be authenticated based upon Federal and State law	1. the facility failed to ensure all verbal and telephone orders are authenticated by the Medical Doctor (MD) with a date and time within 48 hours of being written.				
		2. the hospital failed to authenticate all verbal orders within 48 hours				
A 0466						
A 0467						

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A 0468	All records must document the following, as appropriate: Discharge summary with outcome of hospitalization, disposition of care and provisions for follow-up care.	1. the facility failed to ensure the Discharge Summary (DS) included reactions to treatments and complete discharge instructions.			
		2. the hospital failed to document a discharge summary or discharge note in sampled obstetrical (OB) records			
C 0302	The records are legible, complete, accurately documented, readily accessible, and systematically organized.	1. hospital failed to ensure that MR documentation is complete.			
		2.the CAH failed to assure that records were complete and accurately documented.			
C 0303					
C 0304	For each patient receiving health care services, the CAH maintains a record that includes, as applicable- (i) identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;	1. The hospital failed to ensure that consents were properly executed.			
		2. The hospital failed to ensure that each record contains a properly executed informed consent to include the time the consent was signed by the patient/representative and witness.			

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		3. the hospital failed to ensure that all patient consents to treatments and procedures include the name of the procedure/treatment, date and time signed by the patient, and a witness signature.				
C 0307	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-](iv) dated signatures of the doctor of medicine or osteopathy or other health care professional.	1. The hospital failed to ensure that each entry into the MR is properly authenticated, to include the full name and title of the person signing the notes and the time and date the notes were authenticated.				
		2. The hospital failed to ensure that all entries into the medical record are timed, dated and authenticated.				
		3. the hospital failed to ensure that all entries into the medical record are timed, dated and authenticated.				
C 0308	The CAH maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use.	1. the facility failed to ensure records are protected from potential loss or damage.				
		2. hospital failed to assure adequate safeguards for clinical records: medical records storage on open shelves with no door				
		3. the hospital failed to ensure that all medical records are protected against loss, destruction, tampering, and unauthorized access.				

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R 0378	Medical staff by-laws and rules shall include:A statement specifying categories of personnel duly authorized to accept and implement medical staff orders. All orders shall be recorded and authenticated. All verbal and telephone orders shall be authenticated by the prescribing member of the medical staff in writing within 24 [48 o\per variance]hours of receipt.	1. the hospital failed to ensure that telephone and verbal orders are authenticated by the medical staff within 48 hours.			
		2. the facility failed to ensure all verbal and telephone orders are authenticated by the Medical Doctor (MD) with a date and time within 48 hours of being written, and the facility failed to ensure all orders are timed when written.			
		3. the facility failed to ensure all orders are timed, and telephone and/or verbal orders are authenticated by the Medical Doctor (MD) with a date and time.			
R 0446	Confidentiality. Original medical records may not be removed from the hospital except by authorized persons who are acting in accordance with a court order, a subpoena issued under s. 908.03(6m), Stats., or in accordance with contracted services, and where measures are taken to protect the record from loss, defacement, tampering and unauthorized access.	1. the facility failed to ensure records are protected from potential loss or damage.			
		2. the hospital failed to ensure that unauthorized individuals could not gain access or alter patient records.			

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		3. the hospital failed to ensure that all medical records are protected against loss, destruction, tampering, and unauthorized access.				
R 0471	Physician notes and non-physician notes providing a chronological picture of the patient's progress which are sufficient to delineate the course and the results of treatment;	1. the facility failed to ensure progress notes are timed; and in medical records the facility failed to ensure the progress notes included treatments and response to treatments.				
		2. hospital failed to maintain medical records to provide a chronological picture for patient records with complete and accurate documentation				
R 0473						
R 0476						
R 0479						
R 0496	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 hospital failed to ensure that each entry into the MR is properly authenticated, to include the full name and title of the person signing the notes and the time and date the notes were authenticated. In addition, consents are not properly executed.				
		2. The hospital failed to ensure that all entries into the medical record are timed, dated and authenticated.				
		3. the hospital failed to insure that orders were dated and timed.				

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		4. the hospital failed to ensure that all entries into the medical record are timed, dated and authenticated. In addition, the hospital failed to ensure that all patient consents to treatments and procedures include the name of the procedure/treatment, date and time signed by the patient, and a witness signature.				
<b>Medical Staff</b>			<b>4</b>	<b>4</b>		
A 0049						
A 0347						
A 0355						
A 0358						
R 0351	The hospital shall have a medical staff organized under by-laws approved by the governing body. The medical staff shall be responsible to the governing body of the hospital for the quality of all medical care provided patients in the hospital and for the ethical and professional practices of its members.	1. the hospital failed to ensure that the medical staff rules and regulations are complete.				
		2. the medical staff failed to follow the hospital's protocol for medication error reporting and hold accountable the physician, when a medication was ordered at 3 times the patient's normal doses for 1 patient, and the admission medication reconciliation order form was not reviewed with or signed by Power of Attorney for Health Care (POAHC) for the patient.				
R 0365						
R 0389						
<b>Nursing Services</b>			<b>7</b>	<b>15</b>		

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A 0395	A registered nurse must supervise and evaluate the nursing care for each patient.	1. the hospital failed to ensure that nursing staff supervise nursing care to ensure that each patient's needs are met.			
		2. the hospital failed to complete pain assessment indicators when evaluating initial pain assessments.			
A 0396					
C 0296					
C 0298	A nursing care plan must be developed and kept current for each inpatient.	1. the hospital does not ensure that nursing care plans developed for each patient contain appropriate nursing interventions, are kept current to reflect progress toward goals, and include resolution information at the time of discharge.			
		2. The hospital does not ensure that nursing care plans are developed for each patient.			
C 0306					
R 0417	A registered nurse shall plan, supervise and evaluate the care of all patients, including the care assigned to other nursing personnel.	1. The hospital failed to ensure that nursing staff supervise nursing care to ensure that each patient's needs are met.			
		2. the hospital failed to complete pain assessment indicators in patients when evaluating initial pain assessments.			
		3. the hospital failed to ensure that nursing staff evaluate patient needs and supervise cares assigned to other nursing personnel.			

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R 0428	Policies. Hospital policies affecting the nursing service shall be developed and reviewed with the participation of the director of nursing or designee. The nursing service shall be represented on hospital committees that affect patient care policies and practices.	1. the hospital failed to ensure that the behavioral health nursing staff screen all visitors for contraband and weapons prior to admission onto the unit per hospital policy and procedure.			
		2. the hospital failed to ensure that nursing staff had a current policy and procedure for the application of a warm moist packs			
R 0430	There shall be a written nursing care plan for each patient which shall include the elements of assessment, planning, intervention and evaluation	1. the hospital does not ensure that nursing care plans developed for each patient contain appropriate nursing interventions, are kept current to reflect progress toward goals, and include resolution information at the time of discharge			
		2. nursing staff failed to develop a care plan for 6 of 9 sampled obstetrical (OB) records and 2 of 23 medical surgical records reviewed			
		3. the hospital does not ensure that nursing care plans are developed for each patient.			
		4. the facility failed to ensure care plans are developed for patient needs.			
R 0431	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. the facility failed to ensure the records included nursing documentation of treatment and response to treatment			
		2. the nursing staff failed to document nursing care plan information pertinent to needs of a patient with a prosthetic leg.			
		3. the facility failed to ensure documentation of evaluation, intervention and/or response to interventions regarding pain.			

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		4. the facility failed to ensure the records included nursing documentation of treatment as ordered; and also failed to ensure the records included documentation of planned nursing actions.				
R 0465						
R 0471						
Services: Anesthesia, Emrgcy, Food & Dietetic, Nucl Medicine, Respiratory, Outpt, Radiologic, Rehab & Surgical			10	21		
A 0631	A current therapeutic diet manual approved by the dietitian and medical staff must be readily available to all medical, nursing, and food service personnel.	1. the hospital failed to ensure that the diet manual was current and had been reviewed by a dietitian and the medical staff within the past 5 years.				
		2. the hospital failed to have consistent knowledge of which diet manual the hospital staff were following. There was no evidence of being reviewed or a current diet manual being used for the patient menus.				
A 1004						
C 0279	(vii) 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.	1. the facility was not using a diet manual that had been reviewed by the medical staff and the dietitian. The kitchen was not operating under sanitary conditions with regards to proper food handling techniques.				

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		2. the facility failed to maintain sanitary conditions in the preparation of food, .failed to maintain appropriately ventilated conditions in the kitchen preparation area, and failed to maintain sanitary conditions in the kitchen preparation area.				
		3. dietary aides wearing hairnets did not have all their hair covered.				
		4. the hospital does not ensure that food handlers in the dietary department are appropriately attired, that dirty and clean are kept separate, and that opened foods are labeled, to provide a sanitary environment and to prevent potential sources of infection.				
C 0283						
C 0322	(1) 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. (2) A qualified practitioner, as specified in paragraph (c) of this section, must examine each patient before surgery to evaluate the risk of anesthesia. (3) 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.	1. the hospital failed to ensure that the post operative examinations are complete to include cardiopulmonary status (vital signs), level of consciousness, any follow-up care and /or observations and any complications occurring during post-anesthesia recovery.				
		2. the facility failed to ensure the post-anesthesia examination note is completed after recovery of anesthesia and/or contains Cardiopulmonary status.				

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R 0544					
R 0548					
R 0549					
R 0552	Sanitary conditions shall be maintained in the storage, preparation and distribution of food.	1. the facility failed to maintain sanitary conditions in the preparation of food.			
		2. the dietary department failed to have a system in place for the storage, preparation and distribution of food, under sanitary conditions and to prevent food borne illness.			
		3. the hospital does not ensure that dirty and clean are kept separate to prevent sources of contamination in the dietary department.			
R 0553					
R 0564					
R 0569					
R 0571					
R 0576	Cooks and food handlers shall wear clean outer garments and hair nets or caps, and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment.	1. Food Service Director did not wear an effective hair restraint for his beard while being in the kitchen.			
		2. Dietary aides wearing hairnets did not have all their hair covered.			
		3. the hospital does not ensure that food handlers in the dietary department are appropriately attired to provide a sanitary environment and to prevent potential sources of infection.			
R 0598					

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R 0624						
R 0658						
R 0673	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.	1. the hospital failed to ensure that the post operative examinations are complete to include cardiopulmonary status (vital signs), level of consciousness, any follow-up care and /or observations and any complications occurring during post-anesthesia recovery.				
		2. the facility failed to ensure the post-anesthesia examination note is completed after recovery of anesthesia and/or contains Cardiopulmonary status.				
R 0686						
R 0690						
R 0691						
<b>Pharmaceutical Services</b>			<b>5</b>	<b>5</b>		
A 0505	Outdated, mislabeled, or otherwise unusable drugs and biologicals must not be available for patient use.	1. the hospital failed to ensure that all biologicals were correctly labeled when opened by nursing staff.				
		2. the hospital failed to assure that outdated medications and biologicals were not available for patient use:				

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C 0276	[The policies include the following:](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.	1. the hospital failed to ensure that all drugs and biologicals are appropriately stored to ensure the safety of patients and to prevent unauthorized access.				
		2. The hospital did not store concentrated potassium chloride away from patient care areas and does not have procedures that fully address current recommendations for preventing accidental injection of concentrated potassium chloride. In addition, drugs and biologicals are not secured from unauthorized access and tampering.				
		3. the hospital does not ensure that drugs and biologicals are secured from unauthorized access and tampering.				
R 0510						
R 0517	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. the hospital failed to ensure that all drugs and biologicals are appropriately stored to ensure the safety of patients and to prevent unauthorized access.				

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		2. the hospital does not ensure that drugs and biologicals are secured from unauthorized access and tampering.				
R 0519						
R 0523						
	Organ Tissue, Eye Procurement		1	0		
A 0889						
	Patient Rights		10	22		
A 0118						
A 0119						
A 0123	In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.	1. the hospital failed to provide written resolution				
		2. the hospital failed to provide notice of grievance decision				
		3. the hospital failed to follow their hospital's policy for prompt resolution of grievances				
A 0131	The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.	1. the facility failed to obtain consent from a patient for a medication.				

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		2. the hospital failed to have a mechanism to notify patients that they did not have physician staff available 24 hours per day.				
		3. the hospital failed to provide pt.of relative information to make informed decisions related to treatment and care.				
A 0142						
A 0143						
R 0233	The discharge planning program shall: Provide that every patient receive relevant information concerning continuing health needs and is appropriately involved in his or her own discharge planning;	1. the hospital failed to ensure that the hospital provided every patient with relevant information to assist in appropriate involvement in their discharge planning.				
		2. the hospital failed to ensure that the hospital provided every patient with relevant information to assist in appropriate involvement in their discharge planning.				
R 0235						
R 0237						
R 0238						
R 0242	Every patient shall have the opportunity to participate to the fullest extent possible in planning for his or her care and treatment;	1. the hospital failed to include that every patient has the right participate to their fullest extent in planning his/her treatment in the Patient Rights information provided to the patients.				

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		2. the hospital failed to allow the patient/patient representative to participate to the fullest extent in planning and treatment, when: #1 the home medication information and was not reviewed or signed by the patient/patient representative to assure the correct medication/dose/times were ordered; and #2 When family complained about the care for prosthetic leg and no documentation or care planning was done over a period of 3 days for a patient with a Prosthetic leg				
		3. the hospital failed to provide written notification to patients, having an in-patient stay or an out-patient visit, stating that a doctor of medicine/osteopathy was not present in the hospital 24 hours per day. There was no documented evidence that these patients were informed of how medical emergency medical conditions would be handled while doctors were not on the premises.				
R 0243						
R 0244	Except in emergencies, the consent of the patient or the patient's legally authorized representative shall be obtained before treatment is administered;	1. facility failed to ensure progress notes are timed; and in medical records the facility failed to ensure the progress notes included treatments and response to treatments.				
		2. the hospital failed to include "with the exception of an emergency" in their patient rights information pertaining to obtaining consents for treatment.				
		3. the facility failed to ensure all consents for treatment are dated and/or timed by the patient, and practitioner if specific procedure.				
R 0247						
R 0248						
R 0249						

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R 0250	Every patient shall be informed in writing about the hospital's policies and procedures for initiation, review and resolution of patient complaints, including the address where complaints may be filed with the department	1. the hospital failed to include, that every patient shall be informed in writing about the hospitals policies and procedure for review and resolution of patient's complaints in their Patient Rights information provided to the patients.				
		2. the hospital failed to address and follow the hospital's complaint policy and procedures for a patient family who complained.				
		3. the hospital failed to follow the hospital's policy, to provide written resolution to complaint/grievance of patients and/or families who complained.				
		4. the hospital failed to follow their hospital's policy for prompt resolution of grievances				
R 0251						
R 0252						
R 0253						
Physical Environment (all K tags are counted as federal cites)			93	6		
A 0700						
A 0701						
A 0709						

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C 0220	Physical Plant and Environment	1. Based on observation, staff interview and review of maintenance records between 1/26 and 2/4/2009, the facility failed to construct, install and maintain the building systems to ensure life safety to patients due to non-latching fire-rated doors in a 2-hr occupancy separation, lack of separation of corridor from other spaces, lack of latching hardware on exit access doors or non-latching exit access doors, unsealed cable penetrations and an incomplete rectangular portion of smoke barrier in an interstitial space, unprotected hazardous areas, stairwell exit requiring special knowledge and effort, and more than one operation to open, holes in fire-resistance rated walls of exit passageway from one center stairwell, lack of exit discharge from one exit, one non-closing horizontal exit, lack of exit sign above one exit access door, obstruction to access one manual pull station, lack of inspection and maintenance on automatic sprinkler system, one automatic transfer switch serving more than one branch or system of the essential electrical system, lack of normal power receptacles in operation r				

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		2. It was observed that the hospital failed to comply with the following requirements:K11- Alcohol gel dispenser locations; K17- Smoke tight corridors; K27- Smoke Barrier openings; K29- Hazardous Areas; K34- Exit Enclosures; K51- Fire Alarm system; K56- Sprinkler system; K130-Miscellaneous violations; K147- Electrical system; Safety from fire in the operating room is not met. See tag C-221. The cumulative affect of these environmental deficiencies result in the hospital's inability to provide a safe environment for all patients, visitors and staff.				
C 0221	The CAH is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.	1. the hospital failed to comply with the following requirements: K11- Alcohol gel dispenser locations; K17- Smoke tight corridors; K27- Smoke Barrier openings; K29- Hazardous Areas; K34- Exit Enclosures; K51- Fire Alarm system; K56- Sprinkler system; K130-Miscellaneous violations; K147- Electrical system				

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		2. the hospital failed to ensure that the construction and maintenance of the building met the requirements of the '2000 Edition of the Life Safety Code' for the "Existing Healthcare Occupancies chapter" of the National Fire Protection Association (NFPA) for the safety of patients, staff and visitors. Refer to K12- Construction Type; K17- Smoke tight corridors; K27- Smoke Barrier openings; K51- Fire Alarm system; K56- Sprinkler system; K77- Medical Gas system; K130- Miscellaneous violations. The cumulative affect of these environmental deficiencies result in the hospital's inability to provide a safe environment for all patients, visitors and staff.				
C 0231						
K 0011	2000 Existing: Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor, Dispensers are not installed over or adjacent to an ignition source:	1. the 1½ -hr fire-rated double doors in the 2-hr fire resistance rated occupancy separation at the Lower Level did not latch.				
		2. Over 50 locations existed within exam rooms, staff areas, and public areas where the hand gel used by staff was located closer than 12 inches to the light switch (a source of ignition).				
K 0012	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	1. the facility failed to ensure the hospital's steel beams were fire protected to meet the building construction Type-1 (3,3,2) per 2000 NFPA 101, Sections 19.1.6.2, 19.1.6.3, 19.1.6.4 and 19.3.5.1.				

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		2. During a construction project: (a.) No sprinklers were present in any of the 9-rooms identified with the fire protective system missing. (b.) Smoke detectors were not present for the early detection where the fire protection system was removed. (c.) Fire detectors were not present for early detection where the fire protection system was removed. (d.) Extra fire extinguishers were not present in the areas where the fire protective system was removed. (e.) A 10-Bed Inpatient Sleeping Unit was being occupied on the Floor above these compromised areas.				
		3. fireproofing on a north south beam was missing at the points where this beam attached to the main structural system, and the fireproofing was missing at a new hanger, and finally the fireproofing was missing at an existing hanger. All of these locations were found in the middle of the boiler room.				
K 0014						
K 0015						

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K 0017	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. the facility failed to install corridor walls of at least ½ hr fire-resistance rating to separate corridors from one space.			
		2. the facility failed to ensure the hospital's corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. Building is partially-sprinkled not fully-sprinkled.			
		3. the urgent care nurse station was open to the corridor system and not under the surveillance of a smoke detector.			

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		4. the corridors are not separated from use areas by walls constructed with at least 1/2 hour fire-resistance rating. Many ceiling tiles were damaged at all floor levels and in all areas. The lay-in acoustical ceiling tiles (ACT) in the corridors compromised the effectiveness to stopping hot gases and smoke penetrating the ceiling and reaching the open walls along the corridors to inpatient sleeping rooms, outpatient treatment rooms, cafeteria and kitchen, and other general support areas.				
		5. several pairs of doors were not smoke tight. Visible gaps existed along the meeting stile of these doors.				
K 0018	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	1. the facility failed to ensure safety to patients, staff and visitors of the facility due to lack of latching hardware on exit access doors to corridor, or due to failure of doors to latch.				

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		2. the facility failed to ensure the hospital's corridor door's protecting corridor openings close to the frames and latch				
K 0018	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3	1. the facility failed to ensure the hospital's corridor door's protecting corridor openings close to the frames and latch, limiting smoke transfer when closed per 2000 NFPA 101, Section 19.3.6.3.				
		2. the facility failed to ensure safety to patients, staff and visitors of the facility due to lack of latching hardware on exit access doors to corridor, or due to failure of doors to latch.				
		3. aluminum and glass door and frame separating the cafeteria from the corridor was not constructed of 1-3/4 inches of solid bonded core wood, or capable of resisting fire for at least 20 minutes. The building is only partially sprinkled. The door would not close completely and latch to the door frame to keep the door closed.				

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K 0020	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.	1. the facility failed to ensure the hospital's elevator shafts and mechanical shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire-resistance rating of at least one-hour.			
		2. the stairways, elevator shafts, ventilation shafts, laundry & waste chutes, and other vertical openings and penetrations between floors were not enclosed with construction having a fire resistance rating of at least 2-hours			
K 0021					
K 0022					
K 0025	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. the facility failed to maintain the ½- hr fire resistance rating of two smoke barriers due to 2 unsealed penetrations and 1 large rectangular opening that was not patched or covered with Type X gypsum.			
		2. the facility failed to ensure the hospital's smoke barriers (walls) are constructed to provide at least a one-half hour fire-resistance rating in accordance with Section 8.3.			
		3. smoke barriers were not constructed to at least a 1/2 hour fire-resistance rating in accordance with existing 2000 NFPA 101, Section 8.3			

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K 0026					
K 0027	Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7	1. the facility failed to ensure safety to patients, staff and visitors of the facility due to a gap more than allowable at the meeting edge of one set of smoke doors			
		2. the facility failed to ensure the hospital's smoke barriers doors are constructed to provide at least a 20-minute fire protection rating or at least 1-3/4 inch thick solid bonded wood core.			
		3. several smoke compartment doors had astragals that were not adjusted close enough to make the meeting edge of the pair of doors smoke tight.			
		4. smoke compartment doors in two locations were not smoke tight at the meeting stile for these two doors, visible gaps existed along this edge.			
K 0028					

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K 0029	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. the facility failed to (i) protect a storage room with a self-closing door; (ii) protect a door opening into one hazardous area with latching doors; and (iii) protect a Gift Shop as a hazardous area				
		2. the facility failed to ensure the hospital's hazardous spaces were either fire-protected to 1-hour fire resistance to adjoining areas by walls and door assemblies or if an approved automatic fire extinguishing system (sprinkled) to protect hazardous areas had smoke resisting partitions & doors.				
		3. Two doors being held open with foot stops and new 3/4" conduit lines being installed by the electricians were not fire safed to a one-hour standard.				

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		4. a) a rated wall has holes in it and is not properly fire caulked;b) soiled utility room does not have one hour walls due to pipe penetrations not properly fire caulked; c) walls were not one rated due to penetration d) storage room containing enough combustible storage to be considered a hazardous area, did not have 1 hour rated walls because penetration of the wall was not properly fire caulked.			
K 0030					
K 0032	Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2	1. the facility failed to ensure safety to patients due to failure of one stairwell exit to open			
		2. the facility failed to ensure the hospital has two (2) exits, remote from each other, are provided for each floor, or each Fire Section of the building per 2000 NFPA 101, Section 19.2.4.1 and Section 19.2.4.			
K 0033	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	1. the facility failed to ensure safety to patients, staff and visitors of the facility due to failure to provide an uninterrupted safe exit passageway from the Center Stairwell			

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		2. the facility failed to ensure the hospital's exit components (such as continuation of exit stairways) were enclosed with construction having fire resistance rating of at least 1-hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building				
		3. the exit components such as stairways and exit passageways were not enclosed with construction having a fire resistance rating of at least 2-hours				
K 0034	Stairways and smoke proof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4	1. that chairs were being stored within the vertical exit enclosure just west of the Dining room on the first floor.				
		2. the stairs and landing did not meet the minimum requirements for existing stairs per Section 7.2.2.2.1(b) Existing Stairs				
K 0036						
K 0038	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	1. chairs were being stored within the vertical exit enclosure on the first floor.				
		2. the security door into the OB/GYN and Nursery Units was locked with a delayed-egress lock that is not allowed in a non-sprinkled or partially sprinkled building per Sections 7.1, 7.2.1.6.1 and 9.7				
K 0039	Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3	1. facility failed to ensure the hospital's aisles and corridors serving as exit access are at least 4 feet clear and unobstructed per Section 19.2.3.3.				

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		2. the facility failed to provide clean and unobstructed corridors.			
K 0044	Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5	1. facility failed to ensure safety to patients, staff and visitors of the facility due to failure of one set of fire-rated doors to close and latch when tested.			
		2. horizontal exit between the Buildings did not meet the minimum requirements. The fire section of the 1991 addition is missing a stairwell. The 1962 and 1991 buildings are not fully-sprinkled.			
K 0045					
K 0047	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	1. the facility failed to install an exit sign above one cross corridor door to direct occupants to an exterior exit			
		2. the facility failed to ensure the hospital's exit and directional signs are displayed in accordance with Section 7.10 with continuous illumination also served by the emergency lighting system per 2000 NFPA 101, Section 19.2.10.1.			
		3. Exit and Directional Signs were missing			

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K 0051	A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	1. at least ten office were occupied by two staff persons at all times. Two occupants within a space defines the space as a common space; which NFPA 72 requires the installation of a fire alarm visual device within each room. No strobes were present in the rooms observed.			
		2. facility failed to provide reliable fire alarm system in compliance with NFPA 72.			
		3. no fire alarm strobe was installed within 'common space'			
K 0052					

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K 0056	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. storage which obstructs the discharge of the sprinkler system				
		2. facility failed to provide sprinkler system in compliance with NFPA 13. Sprinklers were blocked, and no installed subjecting the compartment to potential toxic smoke and/or gases in the event of a fire.				
		3. sprinkler heads within the electrical closets were greater than 22 inches from the top of the rooms.				
K 0062	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	1. the facility failed to ensure safety to patients, staff and visitors of the facility due to failure to maintain the automatic, supervised sprinkler system in accordance with the requirements of NFPA 25 Standards 1998 edition				

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		2. the facility failed to ensure the hospital's required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected periodically				
K 0067	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	1. facility failed to ensure the hospital's Heating, Ventilating, and Air Conditioning (HVAC) system and components comply with the provisions of Section 9.2 and are installed in accordance with the manufactures specifications per 2000 NFPA 101, Sections 19.5.2.1, 19.5.2.2 & 9.2 and NFPA 90A.				
		2. the facility failed to provide ventilation system in compliance with NFPA 90A. The corridor is being used as a return air plenum and the corridor has a transfer grill, and air handler rooms that were part of shaft enclosures, had other equipment in the room not related to an air handler, subjecting the compartment to potential toxic smoke and/or gases in the event of a fire.				
K 0070						
K 0071						
K 0074						

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K 0077	Piped in medical gas systems comply with NFPA 99, Chapter 4.	1. the facility failed to ensure the hospital's piped in Medical Gas Systems comply with NFPA 99, Chapter 4, Gas and Vacuum Systems and specifically Section 4-3.1.2.2 Gas Warning Systems. (e) Pressure Gauges for Gases; including 1 & 2. Pressure gauges shall be in compliance with ANSI/ ASME B-40.1, Gauges, Pressure Indicating Dual-Type, Elastic Elements. Also, Sections 4-3.1.2.2 (1c) A means to visually indicate, (2a & 2b) Local areas alarms shall indicate visually & (d)1; An indicator shall be provided for each of the individual alarms. Cumulatively the Medical Gas visual indicators for monitoring (patient-use) local gas supply line pressure are missing throughout the majority of the hospital.				
		2. the facility failed to provide medical gas in compliance with NFPA 99, 1999 edition				
		3. two zone valve boxes for Radiology were obstructed by the pair of doors that swung in front of each of these boxes.				
K 0103						
K 0104						

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K 0130	OTHER LSC DEFICIENCY NOT ON 2786	1. the required 36 inch work clearance was not provided in front of electrical switches in the Furnace Room due to storage of empty cardboard boxes in front of the switches. It was also observed that some combustible supplies such as Kleenex tissue paper were stored in the Furnace Room that did not have a self-closing door.				
		2. large amounts of combustible materials were being stored; several ceiling tile were damaged and soiled that were located within the Kitchen for the hospital; a pair of doors on the outside wall of the chiller room were not locked to prevent egress. There was no landing or stoop outside of this pair of doors and the vertical drop was at least 36" or more to grade. This door was not signed as an exit door, only a inconvenienced opening for removal of equipment.				
		3. shower door opening & toilet room door opening were measured to be only 24 inches in clear width not meeting the minimum requirements per Section 7.2.1.2.3 door openings must be a minimum of 28 clear inches;				
		4. a new project that was awaiting review by DQA engineer had been partially constructed without approved plans				
K 0145						

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K 0147	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	1. the facility failed to (i) label critical branch outlets in operation rooms (OR), and in Exam Rooms 6, 7 and 8 of the emergency department; (ii) install normal power outlets in OR #3 and 4; and (iii) label critical branch outlets in the Nursery in accordance with NFPA 70 517-19(a).			
		2. the facility failed to ensure the hospital's electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code and 2000 NFPA 101, Section 9.1.2.			
		3. an electrical junction box was left open; this is an active box.			
		4. the facility failed to provide the electrical system in compliance with NFPA 70, the National Electrical Code.			
K 0201					
K 0211					
K 0235					
K 0264					
R 0895					
R 0898					
R 0941					

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R 0944	Carpeting may not be installed in rooms used primarily for food preparation and storage, dish and utensil washing, cleaning of linen and utensils, storage of janitor supplies, laundry processing, hydrotherapy, toileting and bathing, resident isolation or patient examination.	1. the facility failed to maintain patient examination rooms free of carpet.				
		2. the facility has carpeting in patient exam rooms.				
R 0999						
<b>QAPI</b>			2	3		
A 0267						
A 0312						
R 0323						
R 0324						
R 0327						
<b>Chief of Service</b>			0	0		
<b>Psychiatric Services</b>			1	1		
C 0554						
R 0463						
<b>Other</b>			0	5		
Y 3121						
Z 0012						
Z 0022	Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity	1. there is no four year review of background information; and in 1 there is no record of a background check.				
		2. The hospital failed to ensure that a complete caregiver background check is conducted upon hire and updated at least every 4 years for all staff.				

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Tag	Regulation	Basis for Citation	# Fed Cites	# State Cites		
Z 0053						
	Total Federal/State Cites		184	109		
	Total Cites		293			