Are the new Inspection Reports available for the following abortion facilities? If so I would like to request them.

Women's Med
1201 N. Arlington Avenue
Indianapolis, Indiana 46219

Clinic for Women
3607 W 16th St,
Indianapolis, IN 46222

Planned Parenthood
8590 Georgetown Rd,
Indianapolis, IN 46268

Thank you,

Jodi Smith

Blessings,

Jodi

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011128	A. BUILDING: ____ B. WING ____	10/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOMEN'S MED GROUP PROFESSIONAL CORPORAT	1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	INITIAL COMMENTS This visit was for a standard licensure survey. Facility Number: 011128 Survey Date: 10-29/30-14 Surveyors: Jack I. Cohen, MHA Medical Surveyor Jennifer Hembree, RN Public Health Nurse Surveyor Trisha Goodwin, RN Public Health Nurse Surveyor W. Chris Greeney Director Quality Assurance and Performance Improvement QA: claughlin 11/06/14 IDR Committee met on 12-17-14: No changes made. JLee.	T 000		
T 078	410 IAC 26-4-2 GOVERNING BODY 410 IAC 26-4-2(g)(3) (g) The governing body is responsible for services delivered in the clinic by contractors for medical services. The governing body shall ensure the following: (3) That the clinic maintains a list of all contracted services, including the scope and nature of the services provided.	T 078		

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NAME OF PROVIDER OR SUPPLIER: WOMEN'S MED GROUP PROFESSIONAL CORPORAT

STREET ADDRESS, CITY, STATE, ZIP CODE: 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219

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T 078	Continued From page 1 This RULE is not met as evidenced by: Based on interview, the governing body failed to ensure a complete list of contracted services including the scope and nature of the services provided. Findings: 1. On 10-29-14 at 9:30 am, employee #A1, nurse practitioner, was requested to provide a complete list of contracted services including the scope and nature of the services provided for the contracted services of bioengineering, biohazardous waste hauler, maintenance, and security. 2. In interview, on 10-30-2014 at 4:00 pm, employee #A2 indicated there was no list and no documentation was provided prior to exit.	T 078		
T 110	410 IAC 26-7-1 MEDICAL RECORDS 410 IAC 26-7-1(a)(2)(B) (a) The abortion clinic must do the following: (2) Have a written policy that ensures responsibility for and maintenance of surgical abortion records as follows: (B) The policy must provide safeguards to assure protection of the medical records from the following: (i) Fire. (ii) Water. (iii) Other sources of damage.	T 110		

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T 110	Continued From page 2 This RULE is not met as evidenced by: Based on document review and observation, the facility failed to provide safeguards to assure protection of medical records from fire. Findings: 1. Review of a facility policy (dated 07/18/14) on storage of medical records indicated the medical records are stored in a secure, dry area with smoke or fire detection equipment. 2. On 10-30-14 at 10:45 am, it was observed there was a room which stored paper medical records on 24 metal open steel shelves. It was also observed the area was not sprinklered, and did not have smoke or fire detection equipment. 3. In the event of a fire in the room, the records were unprotected because of the open shelves and lack of smoke or fire detection equipment.	T 110		
T 126	410 IAC 26-7-1 MEDICAL RECORDS 410 IAC 26-7-1(b)(7) (b) A medical record must be maintained with documentation of service rendered for each surgical abortion patient of the clinic as follows: (7) The clinic shall ensure the confidentiality of patient records. The clinic must develop, implement, and maintain the following: (A) A procedure for releasing information or copies of records only to authorized individuals in	T 126		

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T 126	Continued From page 3 accordance with federal and state laws. (B) A procedure that ensures that unauthorized individuals cannot gain access to medical records. This ELEMENT is not met as evidenced by: Based on document review, observation and interview, the facility failed to ensure the confidentiality of medical records. Findings: 1. Review of a facility policy approved 7/18/2014 indicated the entrance to the [medical record] storage area will remain protected from access by unauthorized individuals during business hours. 2. On 10-30-14 at 10:45 am, in the presence of employee #A1, front office manager, and employee #A2, nursing manager, it was observed a door to a room where medical records were stored had no lock or other device to secure the door. 3. In interview on 10-30-14 at 10:45 am, employee #A1 indicated the room immediately adjacent to the medical record storage area was used as a waiting area by patients/visitors. The employee also indicated there was not always a facility staff person in the waiting area when there were patient/visitors in that room. Thus, the medical record storage area was accessible to unauthorized individuals.	T 126		
T 170	410 IAC 26-9-1 MEDICAL STAFF	T 170		

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T 170	Continued From page 4 410 IAC 26-9-1(a) (a) The medical staff of the clinic is: (1) accountable to the governing body of the clinic; and (2) responsible to the governing board for the quality of medical care and services provided to patients. This RULE is not met as evidenced by: Based on document review and interview, the governing body failed to ensure all services are provided in a safe and effective manner for review of 2 of 4 medical staff credential files (AH#1 and AH#2) reviewed. Findings: 1. Review of 2 documents, each entitled Collaborative Practice Agreement [contract], for AH#1 and AH#2, both APNs (Advanced Practiced Nurse), indicated there will be an APN and MD [physician] meeting every six months where changes in protocols, written articles and case studies will be discussed. Further review of each document indicated at least a five percent random sample of the APNs' prescribing practices (medications) and charts will be submitted every seven days to the MD for review. 2. Review of 4 medical staff credential files indicated files AH#1 and AH#2 had no documentation of an APN and MD [physician] meeting every six months, nor did the files indicate at least a five percent random sample of the APN's prescribing practices (medications) and	T 170		

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T 170	Continued From page 5 charts will be submitted every seven days to the MD for review, and the results of those reviews. 3. In interview, on 10-29-14 at 2:30 pm, employee #A2, nursing manager, confirmed there was no documentation as indicated above, and no further documentation was provided by exit.	T 170		
T 192	410 IAC 26-10-1 PATIENT CARE AND NURSING SERVICES 410 IAC 26-10-1(b)(1) (b) Written patient care policies and procedures must be available to personnel and must include, but not be limited to, the following: (1) A provision that a reliable method of patient identification must be used. This RULE is not met as evidenced by: Based on document review and staff interview, the facility failed to develop a policy for reliable patient identification. Findings include: 1. Review of facility policies indicated the facility lacked a policy for patient identification. 2. Staff member #2, front office manager, verified in interview at 2:30 p.m. on 10/30/14 that the facility currently has no policy to address patient identification.	T 192		

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T 206	Continued From page 6	T 206		
T 206	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(a)(1) (a) The clinic must do the following: (1) Provide a safe and healthful environment that minimizes infection exposure and risk to the following: (A) Patients. (B) Health care workers. (C) Persons who accompany patients. This RULE is not met as evidenced by: Based on observation and staff interview, the facility failed to provide an environment that minimized risk to patients and healthcare workers for 1 of 1 storage/laundry areas and 1 of 1 scrub areas. Findings include: 1. During tour of the facility beginning at 9:20 a.m. on 10/30/14, the following was observed: (A) The washer and dryer area was located in the back of a storage room. There were uncovered supplies, including but not limited to, cotton balls, curettes, and sterile surgical gloves stored on open shelves in the front section of the room. Staff would have to carry the soiled laundry through the section that held clean supplies to get to the washer. 2. Staff member #1, nursing manager, indicated in interview at time of tour that staff carry soiled laundry to the washer with a gloved hand. 3. Staff member #2, front office manager,	T 206		

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T 206	Continued From page 7 indicated the following in interview beginning at 2:00 p.m. on 10/30/14: The scrub area for the physician to wash his/her hands between procedures is the sink within the instrument processing area and there may be suction tubing soaking in disinfectant solution in the sink when the physician washes his/her hands.	T 206		
T 250	410 IAC 26-11-2 INFECTION CONTROL PROGRAM 410 IAC 26-11-2(b) (b) Environmental surfaces and equipment not requiring sterilization that have been contaminated by blood or other potentially infectious materials must be cleaned then decontaminated in accordance with acceptable standards of practice and applicable state laws and rules (to include 410 IAC 1-4, Universal Precautions). This RULE is not met as evidenced by: Based on document review and staff interview, the facility failed to implement a policy requiring staff to decontaminate equipment soiled with blood between patients and failed to ensure that equipment contaminated by blood was decontaminated appropriately between patients. Findings include: 1. 410 IAC 1-4-8(d)(1), (4)(A)(B)(i), Universal Precautions, indicate the following: (1) All equipment and environmental and working	T 250		

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T 250	Continued From page 8 surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. (4) Environmental surfaces and equipment not requiring sterilization that have been contaminated by blood or other potentially infectious materials shall be cleaned with an absorbent material prior to disinfection. Disinfectant solutions shall be a: (A) germicide registered with the Environmental Protection Agency (EPA) for use as a hospital disinfectant and labeled tuberculocidal or registered germicide with specific inactivation claims against HIV and HBV; or (B) sodium hypochlorite solution dated and not used after twenty-four (24) hours old as follows: (i) A minimum of 1:100 dilution (one-quarter (1/4) cup of five and twenty-five hundredths percent (5.25%) common household bleach in one (1) gallon of water). 2. Facility policy titled "Sterilization Lab" last reviewed/revised 8/5/14 indicated on page ES99 that the suction equipment is cleaned with hot water between procedures and page ES 105 indicated that the suction machine accessories including bottles and tubing are sterilized using "Liquid sterilizing solutions" once weekly. 3. Label instructions for Wavicide test strips indicated the solution is to be checked before and after immersing instruments. 4. Label instruction for Wavicide solution indicated items are to soak in the solution for 45 minutes for the solution to be effective. 5. Review of document titled "Liquid Sterilizer Log" indicated that on 3/14/14 the solution was checked five (5) times, on 4/17/14 it was checked	T 250		

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T 250	Continued From page 9 one (1) time, on 4/25/14 it was checked two (2) times. 5. Staff member #1, nursing manager, indicated the following in interview at 10:40 a.m. on 610/30/14: (A) The physician cleans the inside of the suction tubing between patients by sucking up water from a bucket within the procedure room after the procedure. 7. Staff member #2, front office manager, indicated the following in interview at 10:45 a.m. on 10/30/14: (A) The suction canisters are rinsed with water between patients and placed in Wavicide at the end of the day. (B) There is not a log indicating the time that the tubing is soaked in the solution.	T 250		
T 258	410 IAC 26-11-3 INFECTION CONTROL PROGRAM 410 IAC 26-11-3(3)(B) The clinic, whether it operates its own laundry or uses outside laundry service, must ensure that the laundry process complies with a recognized laundry standard as follows: (3) Central clean linen storage space must be provided as follows: (B) If laundry is processed in the clinic: (i) a laundry processing area must be provided; (ii) clean linen storage and mending must be separated from soiled linen handling and storage; and (iii) employee hand washing facilities	T 258		

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T 258	Continued From page 10 must be available in each room where clean or soiled linen is processed and handled. This RULE is not met as evidenced by: Based on observation, the facility failed to provide a handwashing facility for 1 of 1 laundry processing room. Findings include: 1. During facility tour beginning at 9:20 a.m. on 10/30/14, the following was observed in the laundry processing room: There was no handwashing facility within the room.	T 258		
T 326	410 IAC 26-16-1 PHARMACEUTICAL SERVICES 410 IAC 26-16-1(3)(C) The clinic must provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (C) Drugs must be accurately and clearly labeled and stored in specially designated, well-illuminated cabinets, closets, or storerooms and the following: (i) Drug cabinets must be accessible	T 326		

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T 326	Continued From page 11	T 326		

only to authorized personnel.
(ii) Drug cabinets for storage of controlled drugs listed in Schedule II of the Comprehensive
Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse must be
permanently
affixed compartments that are separately locked.
(iii) Drug carts, if used, with controlled drugs as designated in item (ii) must be securely affixed
when not in use.

This RULE is not met as evidenced by:
Based on document review and observation, the facility failed to remove outdated medications from stock, failed to ensure medications were accessible to authorized personnel only and failed to ensure controlled drugs were in permanently affixed compartments.

Findings include:

1. Facility policy titled "Medications General Practices" last reviewed/revised 7/18/14 states on page MM65: "The Head Nurse oversees that all medications, syringes, needles and drug samples are stored in locked cabinets, closets or refrigerators that only nurses can unlock....." and "(He/she) discards all drugs that will expire in the coming month....."

2. During tour of the facility beginning at 9:20 a.m. on 10/30/14 the following was observed:

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T 326	Continued From page 12 (A) Four (4) bags of .9% Sodium Chloride with an expiration date of 6/14 and two (2) vials of Lidocaine 2% with an expiration date of 10/1/14 were observed in a crash cart in the back storage room. (B) An unlocked refrigerator containing medications including, but not limited to, Micrhogan, Nuvaring, and Methylergonovine Maleate was observed in an unlocked storage room accessible to all staff members and contractors performing renovation work. (C) Facility controlled substances are kept in a removable lock box within a file cabinet drawer. 3. On 10/30/14 at 2:00 p.m., a contractor working on a facility window was observed going to the back of the facility where the unlocked store room containing medications is located. The contractor was not attended by a staff member.	T 326		
T 366	410 IAC 26-17-2 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-2(d)(1)(A) (d) Requirements for clinical facilities are as follows: (1) Procedure rooms shall be segregated and removed from general traffic flow and be a minimum of: (A) one hundred twenty (120) square feet, exclusive of vestibules, toilets, and closets for procedures requiring only local analgesia or nitrous oxide; and	T 366		

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T 366	Continued From page 13 This RULE is not met as evidenced by: Based on observation and interview, the facility failed, for 2 of 2 procedure rooms, to ensure the procedure rooms were at least 120 square feet. Findings include: 1. During observation on 10/29/2014 at 10:00 A.M., Procedure Room marked "O.R. #1" measured at 11 feet by 9 feet 8 inches. Square footage was calculated at 106.33 square feet. Procedure Room marked "O.R.#2" measured at 10 feet by 9 feet 8 inches. Square footage was calculated at 96.67 square feet. 2. During interview, NS1, Nursing Supervisor, at the time of the observation stated "I know they (both rooms) are small." NS1 indicated the facility does not provide conscious sedation services.	T 366		
T 370	410 IAC 26-17-2 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-2(d)(2) (d) Requirements for clinical facilities are as follows: (2) A hand washing station shall be included within each procedure room. This RULE is not met as evidenced by: Based on observation and interview, the facility failed, for 2 of 2 procedure rooms, to have a hand washing station located within the procedure room. Findings include:	T 370		

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T 370	Continued From page 14 1. During an observational tour on 10/29/2014 at 10:00 A.M., no hand washing station was present in the procedure rooms. 2. Interview with NS1, Nursing Supervisor, on 10/28/2014 at the time of the observation indicated the facility used hand sanitizer to cleanse hands in the procedure room.	T 370		
T 382	410 IAC 26-17-2 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-2(e)(1) (e) Requirements for design standards are as follows: (1) At least one (1) housekeeping room with: (A) a service sink; and (B) adequate storage for housekeeping supplies and equipment; shall be provided. This RULE is not met as evidenced by: Based on observation and interview, the facility failed, for 1 of 1 rooms used for housekeeping, to have a service sink within the room. Findings include: 1. During an observation on 10/29/2014 at 10:05 A.M., the housekeeping room did not have a service sink located within the room. 2. During interview, NS1,Nursing Supervisor on	T 382		

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	011128	A. BUILDING: ___ B. WING ___	10/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOMEN'S MED GROUP PROFESSIONAL CORPORAT	1201 N ARLINGTON AVE INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 382	Continued From page 15 10/29/2014 at 10:40 A.M. stated "we use the sink in the scrub room across the hall.	T 382		
T 392	410 IAC 26-17-2 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-2(e)(5) (e) Requirements for design standards are as follows: (5) The minimum corridor width shall be forty-four (44) inches. Items such as drinking fountains, telephones, vending machines, etc., shall not: (A) restrict corridor traffic; or (B) reduce the corridor width below the required minimum. This RULE is not met as evidenced by: Based on observation and interview, the facility failed, for 1 of 2 corridors used for patient access, to ensure the corridor's minimum width was at least 44 inches. Findings include: 1. During observation on 10/29/2014 at 10:00 A.M., the corridor that extended from the front reception area to a waiting area in the middle of the building measured 30 inches at a point where the wall jutted into the corridor at both sides. This partial wall was just outside a room marked as "ultrasound." This corridor included access to the social service office and a laboratory room. 2. Interview with OM1, Office Manager, during	T 392		

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T 392	Continued From page 16 the observation indicated patients use that hallway to access the ultrasound room as well as use the office to meet with Social Services. OM1 further indicated it was the only corridor accessible by patients from the front reception and waiting area to get to a second corridor at the back of the building to the procedure rooms, as all other corridors were in a part of the building undergoing renovation.	T 392		
T 394	410 IAC 26-17-2 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-2(e)(6) (e) Requirements for design standards are as follows: (6) The minimum nominal door width for patient use shall be three (3) feet. This RULE is not met as evidenced by: Based on observation and interview, the facility failed to ensure the nominal width of one of two doorways in a patient access area was at least 36 inches. Findings include: 1. During observation on 10/29/2014 at 10:00 A.M., a doorway leading from the reception area to the patient access corridor just outside a laboratory room and leading to the ultrasound room measured at 28 inches. 2. Interview with OM1, the office manager, at the	T 394		

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T 394	Continued From page 17 time of the observation indicated the doorway was used by patients moving from the reception area back to the corridor where procedure rooms were located.	T 394		
T 402	410 IAC 26-17-3 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-3 The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: This RULE is not met as evidenced by: Based on observation, the facility failed to provide a safe and healthful environment that minimizes infection exposure risks to patients in one (1) instance. Findings: 1. During tour of the facility on 10/30/14 beginning at 9:20am in the presence of Al and A2, the front office manager and the nurse manager, in the soiled and clean laundry/storage room, the following was observed: eight (8) large rolls paper hand towel refills and 26 large toilet paper refill rolls uncovered on open shelves with a large ceiling tile above the area missing and several other tiles broken.	T 402		

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T 404	Continued From page 18	T 404		
T 404	410 IAC 26-17-3 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-3(2) The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: (2) No condition may be created or maintained that may result in a hazard to: (A) patients; (B) authorized visitors; or (C) employees. This RULE is not met as evidenced by: Based on observation, the facility failed to maintain the physical plant in such a manner to assure the safety of patients in 1 instance. Findings: 1. On 10-30-14 at 10:15 am in the presence of employee#A1 and employee #A2, it was observed in the recovery area there was 1 small oxygen tank unsecured by chain or holder. If the compressed gas tank was knocked over and broke the head off, it would cause injury to people and/or property.	T 404		
T 408	410 IAC 26-17-3 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-3(3)(B) The condition of the physical plant and the overall	T 408		

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T 408	Continued From page 19 clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: (B) All mechanical equipment (pneumatic, electric, sterilizing, or other) must be on a documented maintenance schedule of appropriate frequency in accordance with one (1) of the following: (i) Acceptable standards of practice. (ii) The manufacturer ' s recommended maintenance schedule. This RULE is not met as evidenced by: Based on observation and interview, the facility failed, for 1 of 4 fire extinguishers in the building, to maintain them within acceptable standards of practice. NFPA (National Fire Protection Association) 101, Section 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 requires extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. Findings include: 1. During observation on 10/29/2014 at 11:20 A.M., a fire extinguisher located in the employee kitchen area had inspection tags which indicated its last annual inspection occurred in February 2011. 2. Interview with OM1, office manager, at the	T 408		

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T 408	Continued From page 20 time of the observation indicated that employees do use the kitchen area on a daily basis even though the area is located in a part of the building that is currently undergoing renovation. OM1stated the company that annually inspects fire extinguishers "must have missed the extinguisher due to the renovation."	T 408		
T 422	410 IAC 26-17-5 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-5 The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following: This RULE is not met as evidenced by: Based on observation and interview, the facility failed, for 3 of 4 ceiling light fixtures in a common area and one of two ceiling light fixtures above an exit corridor, to keep ceiling fixtures free of bugs and insects. Findings include: 1. During observation on 10/29/2014 at 10:00 A.M. three of four rectangular fluorescent ceiling light fixtures in a common waiting area located between the office corridor and the corridor accessing the procedure rooms contained dead bugs and insects that could be seen through the clear plastic covering that was flush with the	T 422		

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T 422	Continued From page 21 ceiling. Additionally, at least three insects/bugs were visible in one of two similar light fixtures located in the ceiling above the exit corridor in the west end of the procedure room corridor. 2. Interview with NS1, Nursing Supervisor, on 10/29/2014 at 10:40 A.M. indicated a pest control company came into the building once per month to maintain pest control however no other procedures were noted to ensure ceiling fixtures were cleaned and kept free of insects.	T 422		
T 424	410 IAC 26-17-5 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-5(1) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following: (1) Environmental services must be provided in such a way as to guard against transmission of disease to patients, health care workers, the public, and visitors by using the current principles of the following: (A) Asepsis. (B) Cross-contamination prevention. (C) Safe practice. This RULE is not met as evidenced by: Based on observation, the facility failed to maintain a clean and orderly building throughout in one (1) instance.	T 424		

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T 424	Continued From page 22 Findings: 1. During facility tour on 10/30/14 beginning at 9:20am in the presence of A1 and A2, the front office manager and the nurse manager, the following was observed in the laundry/supply room: several broken/damaged ceiling tiles and one missing ceiling tile. Clean linens and supplies were being stored on open shelves without coverings in this area.	T 424		
T 440	410 IAC 26-17-6 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-6(a)(7) (a) A safety management program must include, but not be limited to, the following: (7) Emergency and disaster preparedness coordinated with appropriate community, state, and federal agencies.410 IAC 26-17-6 This RULE is not met as evidenced by: Based on record review and interview, the facility failed to have evidence of a safety management program which included emergency and disaster preparedness coordination with appropriate community, state and federal agencies. Findings include:	T 440		

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T 440	Continued From page 23 1. A review of the facility's safety manual dated 8/5/2014 on 10/29/2014 at 9:30 A.M. indicated there was no documentation or instructions in the manual demonstrating coordination of emergency and disaster preparedness with any external agency. 2. Interview with NS1, Nursing Supervisor, on 10/29/2014 at 10:40 A.M. indicated she was unaware if or how the facility had coordinated services with local, state or federal agencies.	T 440		