Official Accreditation Report

West Virginia University Hospitals, Inc.
1 Medical Center Drive
Morgantown, WV 26506

Organization Identification Number: 6444

Unannounced Full Event: 8/18/2015 - 8/21/2015
Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.
Executive Summary

Program(s)          Survey Date(s)
Hospital Accreditation  08/18/2015-08/21/2015
Behavioral Health Care Accreditation

Hospital Accreditation:
As a result of the accreditation activity conducted on the above date(s), you have met the criteria for Accreditation with Follow-up Survey.

If your organization wishes to clarify any of the standards you believe were compliant at the time of survey, you may submit clarifying Evidence of Standards Compliance in 10 business days from the day this report is posted to your organization’s extranet site. If Central Office review of the Clarifying Evidence of Standards Compliance results in your program no longer meeting criteria for Accreditation with Follow-up Survey, an Announced Clarification Validation Survey may occur.

You will have follow-up in the area(s) indicated below:

- As a result of a Condition Level Deficiency, an Unannounced Medicare Deficiency Follow-up Survey will occur. Please address and correct any Condition Level Deficiencies immediately, as the follow-up event addressing these deficiencies will occur within 45 days of the last survey date identified above. The follow-up event is in addition to the written Evidence of Standards Compliance response.
- Evidence of Standards Compliance (ESC)
- Unannounced Accreditation Follow-up Survey – An unannounced follow-up survey will be conducted in approximately 60 days.

Behavioral Health Care Accreditation:
As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.
Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization’s extranet site:

<table>
<thead>
<tr>
<th>Program:</th>
<th>Hospital Accreditation Program</th>
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<tbody>
<tr>
<td>Standards:</td>
<td></td>
</tr>
<tr>
<td>EC.02.04.03</td>
<td>EP2</td>
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<tr>
<td>EC.02.05.01</td>
<td>EP15</td>
</tr>
<tr>
<td>IC.02.01.01</td>
<td>EP1, EP2</td>
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<tr>
<td>IC.02.02.01</td>
<td>EP2, EP4</td>
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<tr>
<td>LS.01.01.01</td>
<td>EP2</td>
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<tr>
<td>MM.03.01.01</td>
<td>EP7</td>
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<tr>
<td>MM.04.01.01</td>
<td>EP13</td>
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<tr>
<td>NPSG.03.06.01</td>
<td>EP3</td>
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<tr>
<td>PC.01.02.08</td>
<td>EP1</td>
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<td>PC.02.01.01</td>
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<td>PC.02.02.03</td>
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<td>PC.03.01.03</td>
<td>EP8</td>
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<tr>
<td>PC.04.01.05</td>
<td>EP8</td>
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<tr>
<td>RC.02.01.03</td>
<td>EP5</td>
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</table>

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization’s extranet site:

<table>
<thead>
<tr>
<th>Program:</th>
<th>Hospital Accreditation Program</th>
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</thead>
<tbody>
<tr>
<td>Standards:</td>
<td></td>
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</tbody>
</table>
Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization’s extranet site:

| Standards: | EC.02.05.09 | EP3  |
| EC.02.06.01 | EP1        |
| EC.03.01.01 | EP2,EP3    |
| IC.01.03.01 | EP1        |
| LD.01.03.01 | EP2        |
| LD.04.01.07 | EP2        |
| LS.02.01.20 | EP13,EP28  |
| LS.02.01.30 | EP2,EP11,EP25 |
| LS.02.01.35 | EP6        |
| NPSG.02.03.01 | EP2    |
| PC.03.05.15 | EP1        |
| RC.01.01.01 | EP19       |
| RI.01.07.01 | EP18       |
| UP.01.03.01 | EP2        |

Program: Behavioral Health Care Accreditation Program

Standards: HRM.01.06.01 EP1
§482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient’s rights.

<table>
<thead>
<tr>
<th>CoP Standard</th>
<th>Tag</th>
<th>Corresponds to</th>
<th>Deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>§482.13(e)(16)(v)</td>
<td>A-0188</td>
<td>HAP - PC.03.05.15/EP1</td>
<td>Condition</td>
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<tr>
<td>§482.13(a)(2)(iii)</td>
<td>A-0123</td>
<td>HAP - RI.01.07.01/EP18</td>
<td>Standard</td>
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</table>

§482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

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<thead>
<tr>
<th>CoP Standard</th>
<th>Tag</th>
<th>Corresponds to</th>
<th>Deficiency</th>
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<tbody>
<tr>
<td>§482.24(c)(1)</td>
<td>A-0450</td>
<td>HAP - RC.01.01.01/EP19</td>
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</table>

§482.41 Condition of Participation: Physical Environment

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.

<table>
<thead>
<tr>
<th>CoP Standard</th>
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<th>Corresponds to</th>
<th>Deficiency</th>
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<tr>
<td>§482.41(a)</td>
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<td>HAP - EC.02.06.01/EP1</td>
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<td>§482.41(c)(2)</td>
<td>A-0724</td>
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§482.42 Condition of Participation: Physical Environment

<table>
<thead>
<tr>
<th>CoP Standard</th>
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<th>Deficiency</th>
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<tr>
<td>§482.42</td>
<td>A-0747</td>
<td>HAP - IC.01.03.01/EP1, IC.02.01.01/EP1, IC.02.02.01/EP4, EC.02.05.01/EP15</td>
<td>Condition</td>
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</tbody>
</table>
The Joint Commission  
Summary of CMS Findings

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

<table>
<thead>
<tr>
<th>CoP:</th>
<th>§482.51</th>
<th>Tag: A-0940</th>
<th>Deficiency: Condition</th>
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<tr>
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<tr>
<td>Text:</td>
<td>§482.51 Condition of Participation: Surgical Services</td>
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If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

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<tr>
<th>CoP Standard</th>
<th>Tag</th>
<th>Corresponds to</th>
<th>Deficiency</th>
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<tr>
<td>§482.51(b)(6)</td>
<td>A-0959</td>
<td>HAP - RC.02.01.03/EP5</td>
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<table>
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<tr>
<th>CoP:</th>
<th>§482.12</th>
<th>Tag: A-0043</th>
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<tr>
<td>Corresponds to:</td>
<td>HAP - LD.01.03.01/EP2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Text:</td>
<td>§482.12 Condition of Participation: Governing Body</td>
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There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

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<thead>
<tr>
<th>CoP Standard</th>
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<th>Corresponds to</th>
<th>Deficiency</th>
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<tbody>
<tr>
<td>§482.12(a)(4)</td>
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<tr>
<th>CoP:</th>
<th>§482.22</th>
<th>Tag: A-0338</th>
<th>Deficiency: Standard</th>
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<tbody>
<tr>
<td>Corresponds to:</td>
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<td></td>
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<tr>
<td>Text:</td>
<td>§482.22 Condition of Participation: Medical staff</td>
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The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.

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<tr>
<th>CoP Standard</th>
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<th>Corresponds to</th>
<th>Deficiency</th>
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<tr>
<td>§482.22(c)(5)(i)</td>
<td>A-0358</td>
<td>HAP - MS.01.01.01/EP16</td>
<td>Standard</td>
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</tbody>
</table>
Requirements for Improvement – Detail

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.04.03

Standard Text: The hospital inspects, tests, and maintains medical equipment.

Element(s) of Performance:

2. The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4; PC.02.01.11, EP 2)
Note: High-risk medical equipment includes life-support equipment.

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 2
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During individual tracer activity on the general pediatric unit, the defibrillator was tested for accuracy of time and date. The time was found to be 1 hour off from the current time. This was corrected immediately.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.05.01

Standard Text: The hospital manages risks associated with its utility systems.
Element(s) of Performance:

15. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies. (See also EC.02.06.01, EP 13)

Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 15
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:

Observed in Tracer Visit at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

During tracer activities in the 5 North OR, a clean utility room was found adjacent to OR 31 that was being used to perform cleaning and decontamination in on section and packaging and sterilization in the adjoining section. These two areas were separated by a door that was wide open during survey. After closing the door and allowing the air pressures to equilibrate, it was found by tissue test that the air flow direction was from the decontamination room to the clean room. This incorrect air flow was diagnosed to be due to a malfunctioning damper and was corrected on site by the facilities department. The correction was verified on site by the LSC surveyor.
Standard Text: The hospital inspects, tests, and maintains medical gas and vacuum systems.  
Note: This standard does not require hospitals to have the medical gas and vacuum 
systems discussed below. However, if a hospital has these types of systems, then 
the following inspection, testing, and maintenance requirements apply.

Element(s) of Performance:

3. The hospital makes main supply valves and area 
shutoff valves for piped medical gas and vacuum 
systems accessible and clearly identifies what the 
valves control.

Scoring Category : A  
Score : Insufficient Compliance

Observation(s):

EP 3  
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level 
of safety and quality.  
This Standard is NOT MET as evidenced by:  
Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, 
Morgantown, WV) site for the Hospital deemed service. 
Observed during Building Tour the Medical Gas Zone Valves in the OR were blocked with a cart. Corrected 
while the surveyor was on site.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, 
Morgantown, WV) site for the Hospital deemed service. 
Observed during Building Tour the medical gas zone valves for OR15 were blocked with a cart.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, 
Morgantown, WV) site for the Hospital deemed service. 
Observed during Building Tour the medical gas zone valves for 2nd Floor Area B were blocked with a cart. Corrected while the surveyor was on site.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, 
Morgantown, WV) site for the Hospital deemed service. 
Observed during Building Tour the medical gas shutoff valves in the L&D OR were blocked with a cart. Corrected while the surveyor was on site.
Standard Text: The hospital establishes and maintains a safe, functional environment. 
Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.

Scoring Category: C
Score: Insufficient Compliance

Observation(s):
The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. This Standard is NOT MET as evidenced by:

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the Nurse Call Cord in the Patient Room 1020 Restroom was too short preventing a patient from activating the nurse call while on the floor.**

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the Nurse Call Cord in the Patient Room 1076 Restroom was too short preventing a patient from activating the nurse call while on the floor.**

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the Nurse Call Cords in the Patient Room 976 Restroom was too short preventing a patient from activating the nurse call while on the floor.**

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the Nurse Call Cord in the Patient Room 1080 was touching the floor presenting an Infection Control risk.**

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the oxygen cylinders stored by the Helipad were not segregated nor labeled.**

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour Patient Room 8NE11 had a stained ceiling tile. Corrected while the surveyor was on site.**

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the L & D OR Sterile Supply Room 6D49 and Soiled Utility Room 6D47 had their electrical panels blocked with carts.**

**Observed in Individual Tracer at West Virginia University Hospitals, Inc. | 1325 Locust Avenue (1325 Locust Avenue, Fairmont, WV) site for the Hospital deemed service.**

**While tracing care in the Fairmont Cancer Center individual an unlabeled oxygen cylinder was found in the clean utility room. Staff indicated that the cylinder in the clean utility room was "full." Staff also noted that "empty cylinders" are moved to the clean utility room awaiting transport out of the department.**

**Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**During individual tracer activity on the 6th floor, the oxygen storage rack that was labeled as "full" also included 3 tanks of medical gases. Two out of the three medical gas tanks did not have the seal on them which indicated they had been accessed. The organization's policy states that "partially full compressed gas cylinders containing residual gases shall be considered as full" which is not an acceptable definition of "full". Any tank that has been accessed cannot be considered full.**
Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.03.01.01
Standard Text: Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the environment of care.

Element(s) of Performance:

2. Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident. (See also EC.02.03.01, EP 10 and HR.01.04.01, EP 1)

Scoring Category: C
Score: Partial Compliance

3. Staff and licensed independent practitioners can describe or demonstrate how to report environment of care risks. (See also HR.01.04.01, EP 1)

Scoring Category: C
Score: Partial Compliance

Observation(s):
EP 2
Observed in Tracer Visit at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
In the Chestnut Ridge kitchen, a dietary staff member could not describe or demonstrate response to a grease fire and the use of the Ansel system and the K fire extinguisher.

EP 3

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:
Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the medical equipment program did not provide the equipment PM Due dates on the equipment stickers.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the medical equipment program did not provide the equipment PM Due dates on the equipment stickers.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.01.03.01
Standard Text: The hospital identifies risks for acquiring and transmitting infections.
Element(s) of Performance:

1. The hospital identifies risks for acquiring and transmitting infections based on the following: Its geographic location, community, and population served. (See also NPSG.07.03.01, EP 1)

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 1
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
The hospital did not identify the risk of transmitting hepatitis B in the dialysis unit due to the failure of dialysis nurses or other staff to routinely check the HBsAg status of patients who underwent acute inpatient hemodialysis treatments. This was based on individual tracer and interview with the dialysis nurse and verification by the unit director. This posed a risk that a dialysis machine could be used on hepatitis B positive patients and not quarantined and disinfected before use on other patients.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.02.01.01
Standard Text: The hospital implements its infection prevention and control plan.
Element(s) of Performance:

1. The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

   Scoring Category: C  
   Score: Insufficient Compliance

2. The hospital uses standard precautions, * including the use of personal protective equipment, to reduce the risk of infection. (See also EC.02.02.01, EP 4)
   
   Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients.

   Footnote *: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/ (Infection Control in Healthcare Settings).

   Scoring Category: C  
   Score: Insufficient Compliance

Observation(s):
EP 1
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:
Observed in Tracer Visit at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
In the kitchen of the Chestnut Ridge Center, the final rinse cycle was not documented on 8-20-2015. The form used by the facility required that the final rinse be at least 180 degrees.

Observed in Tracer Visit at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
In the kitchen of the Chestnut Ridge Center, staff stated that they had not documented the dishwasher final rinse cycle temperatures. The form used by the facility required that the final rinse be at least 180 degrees. The Director of Dietary stated that the main hospital documented the final rinse cycle and that this should be documented per policy.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During individual tracer activity, the ice machine in the PICU was found to have a brown slimy substance in the tray. There was no documentation to show when the unit was last cleaned.

EP 2
§482.51 - (A-0940) - §482.51 Condition of Participation: Condition of Participation: Surgical Services
This Condition is NOT MET as evidenced by:
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During individual tracer activity in the c-section suites, the anesthesiologist was observed wearing a personal surgical scrub cap that was not covered by hospital-provided surgical head covering as recommended by AORN as well the organization's policy that all personal attire must be covered.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During observation of a c-section, one of the anesthesiology residents did not have adequate head covering leaving approximately 2 inches of exposed hair around the nape of the neck. The organization's policy states that all hair should be covered.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During observation of a second c-section, one of the anesthesiology residents did not have adequate head covering leaving approximately 2 inches of exposed hair around the nape of the neck. The organization's policy states that all hair should be covered.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.02.02.01
The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

**Element(s) of Performance:**

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. *(See also EC.02.04.03, EP 4)*

Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.

Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring Category: **A**
Score: Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Scoring Category: **C**
Score: Partial Compliance

**Observation(s):**
EP 2
§482.51 - (A-0940) - §482.51 Condition of Participation: Surgical Services
This Condition is NOT MET as evidenced by:
Observed in Individual Tracer at WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. (608 Cheat Road, Morgantown, WV) site for the Hospital deemed service.
While observing the speculum sterilization process in the Obstetrics clinic it was noted that staff did not measure and prepare the enzymatic solution per manufacturer recommendations and hospital policy.

Observed in Tracer Visit at WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. (608 Cheat Road, Morgantown, WV) site for the Hospital deemed service.
While observing the equipment sterilization process in the Family Practice Clinic it was noted that staff did not measure and prepare the enzymatic solution per manufacturer instructions and hospital policy.

Observed in Individual Tracer at WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. (608 Cheat Road, Morgantown, WV) site for the Hospital deemed service.
While observing the equipment sterilization process in the Obstetrics Clinic it was noted that the speculums were tightly packed in the autoclave.

Observed in Tracer Visit at WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. (608 Cheat Road, Morgantown, WV) site for the Hospital deemed service.
While conducting a tracer in the Family Practice Clinic staff stated that they typically hold instruments requiring sterilization until the end of the day and then clean them with the enzymatic solution. Staff indicated that they do this due to the small instrument volume. The cleaning process should be initiated as soon as possible per manufacturer's instructions.

Observed in Tracer Visit at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
While observing care in the Eye Institute it was noted that dirty medical instruments were transported, uncovered, from the point of care to the area where they were cleaned with an enzymatic solution and sterilized in the autoclave.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During observation of a takedown of a case in the 5 North OR 6, it was noted that the scrub technician applied enzymatic detergent spray to the pile of used and soiled instruments that had been placed inside a tray. The hinged instruments had not been opened and the enzymatic detergent did not reach the sides of these instruments that were facing the bottom of the tray.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During observation of the takedown of a case in 2 West OR 205, the scrub technician was observed applying enzymatic detergent spray to the pile of used and soiled instruments on a tray. The hinged instruments had not been opened and the enzymatic cleaner did not reach the under sides of these instruments.

Observed in Tracer Activities at West Virginia University Hospitals, Inc. | One Medical Center (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During tracer activities in the 5 North OR, a clean utility room was found adjacent to OR 31 that was being used to perform cleaning and decontamination in one section and packaging and sterilization in the adjoining section. These two areas were separated by a door that was found wide open during survey. This allowed free access between the dirty decontamination area and the packaging and sterilization room by personnel without a required change in PPE and performance of hand hygiene.

Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During tracer activities in the decontamination room of the Sterile Processing Department, through interview with the SPD tech and observation of practice, it was discovered that the cleaning brushes used to remove bioburden from soiled instruments were used and reused during each shift for instrument sets belonging to different cases without cleaning and decontamination of the brushes in between uses, which was a deviation from AAMI standards.
Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service. During a tour of the SICU, a used laryngoscope blade and handle set and a used pair of forceps were found stored inside biohazard bags in the dirty utility room. The soiled instruments had not been pre-treated with enzymatic detergent solution as per hospital standard of practice. The unit manager stated that they had no process in place to perform this task on used instruments. SPD personnel made rounds every 4 hours to pick up the used instruments to deliver these to the SPD decontamination room.

Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service. During tracer activity in the c-section suites, surgical staff stated that they use the same disposable brush for all cases to remove bioburden and that they discard it at the end of the day. The organization's policy that states "disposable brushes will be changed between cases" was not followed. In addition, using the same disposable brush for multiple cases is not within AAMI standards.

Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service. In the CVIS department, the technologist that assisted with TEEs and cleaned the scopes initially after the procedure stated that the department did not have a process to address hang time of the TEE scopes. There was a second scope hanging in the cabinet, but was not dated per hospital policy. The organization had developed evidence based guidelines for storage of scopes, but were not following them in this department.

EP 4
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:

Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service. In the CVIS department, the technologist that assisted with TEEs and cleaned the scopes initially after the procedure stated that the department did not have a process to address hang time of the TEE scopes. The scope was hanging in the cabinet, but was not dated per hospital policy. The organization had developed evidence based guidelines for storage of scopes, but were not following them in this department.

Chapter: Leadership
Program: Hospital Accreditation
Standard: LD.01.03.01
Standard Text: The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Element(s) of Performance:
2. The governing body provides for organization management and planning.

Scoring Category : A
Score : Insufficient Compliance
EP 2
§482.12 - (A-0043) - §482.12 Condition of Participation: Condition of Participation: Governing Body
This Condition is NOT MET as evidenced by:

**Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.**

The hospital did not effectively manage the implementation of policies and procedures based on multiple findings cited in the areas of high level disinfection and sterilization in multiple sites in its ambulatory clinics/services.

**Score:**

**Partial Compliance**

**Scoring Category:**

**C**

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**Chapter:** Leadership

**Program:** Hospital Accreditation

**Standard:** LD.04.01.07

**Standard Text:** The hospital has policies and procedures that guide and support patient care, treatment, and services.

**Element(s) of Performance:**

2. The hospital manages the implementation of policies and procedures. (See also NR.02.03.01, EP 2)

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**Chapter:** Life Safety

**Program:** Hospital Accreditation

**Standard:** LS.01.01.01

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**Organization Identification Number: 6444**
The hospital designs and manages the physical environment to comply with the Life Safety Code.

Element(s) of Performance:

2. The hospital maintains a current electronic Statement of Conditions (E-SOC).

Note 1: The E-SOC is available to each hospital through The Joint Commission Connect™ extranet site.

Note 2: For the process on how a hospital may submit a request for an equivalency to The Joint Commission for review, please go to http://www.jointcommission.org/assets/1/6/Equivalency-Request-Information.pdf.

Scoring Category: A
Score: Insufficient Compliance

Observation(s):
EP 2
Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour Room 5D32 in the OR was converted to a Hazardous Storage Location with all of the required features but was not listed on the Life Safety Plans. Corrected while the surveyor was on site.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour the OR Sterile Core was converted to a Hazardous Storage Location with all of the required features but was not listed on the Life Safety Plans. Corrected while the surveyor was on site.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour the 5th Floor Anesthesia Work Room was converted to a Hazardous Storage Location with all of the required features but was not listed on the Life Safety Plans. Corrected while the surveyor was on site.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour the 10th Floor Pharmacy was converted to a Hazardous Storage Location with all of the required features but was not listed on the Life Safety Plans. Corrected while the surveyor was on site.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour the SDS Clean Utility Room was converted to a Hazardous Storage Location with all of the required features but was not listed on the Life Safety Plans. Corrected while the surveyor was on site.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour the L&D OR Sterile Supply Room 6D49 was converted to a Hazardous Storage Location but was not listed on the Life Safety Plans.

Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.20
Standard Text: The hospital maintains the integrity of the means of egress.
Element(s) of Performance:

13. Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text and any exceptions, refer to NFPA 101-2000: 7.1.10.1)

Scoring Category : C
Score : Partial Compliance

28. Illumination in the means of egress, including exit discharges, is arranged so that failure of any single light fixture or bulb will not leave the area in darkness. (For full text and any exceptions, refer to NFPA 101-2000: 7.8.1.4)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):
The Joint Commission

EP 13

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the North Sterile Hallway (Egress Corridor) had cart storage on both sides of the hallway limiting the available access path to be less than 4 feet. The area was not designated as a suite.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the Stair 5 Exit Corridor in 2nd Floor SDS had carts on both sides of the corridor limiting the exit path to less than 4 feet. The area was not designated as a suite.

EP 28

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the 4N Egress did not have a light fixture available.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the 4 East-West Concourse Egress did not have a light fixture available.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the Loading Deck Ramp Egress light fixture had only one bulb.
Program: Hospital Accreditation
Standard: LS.02.01.30
Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
Element(s) of Performance:

2. All hazardous areas are protected by walls and doors in accordance with NFPA 101-2000:
18/19.3.2.1. (See also LS.02.01.10, EP 5;
LS.02.01.20, EP 18) Hazardous areas include, but are not limited, to the following:
Boiler/fuel-fired heater rooms
- Existing boiler/fuel-fired heater rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
- New boiler/fuel-fired heater rooms have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
Central/bulk laundries larger than 100 square feet
- Existing central/bulk laundries larger than 100 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laundries have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
- New central/bulk laundries larger than 100 square feet have sprinkler systems and have 1-hour fire-rated walls and 3/4-hour fire-rated doors.
Flammable liquid storage rooms (See NFPA 30-1996:4-4.2.1 and 4-4.4.2)
- Existing flammable liquid storage rooms have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.
- New flammable liquid storage rooms have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors.
Laboratories (See NFPA 45-1996 to determine if a laboratory is a 'severe hazard' area)
- Existing laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the laboratories have walls fire rated for 1 hour with 3/4-hour fire-rated doors.
- New laboratories that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- Existing laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. When there is a sprinkler system, the walls are fire rated for 1 hour with 3/4-hour fire-rated doors.
- New laboratories that are severe hazard areas (See NFPA 99-1999: 10-3.1.1) have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- Existing flammable gas storage rooms in laboratories have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)
- New flammable gas storage rooms in laboratories have sprinkler systems and have 2-hour fire-rated walls with 1 1/2-hour fire-rated doors. (See NFPA 99-1999: 10-10.2.2)

Maintenance repair shops
- Existing maintenance repair shops have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with at least 3/4-hour fire-rated doors.
- New maintenance repair shops have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Piped oxygen tank supply rooms (See NFPA 99-1999: 4-3.1.1.2)
- Existing piped oxygen tank supply rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New piped oxygen tank supply rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Paint shops that are not severe hazard areas
- Existing paint shops that are not severe hazard areas have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the shops have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New paint shops that are not severe hazard areas have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Soiled linen rooms
- Existing soiled linen rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New soiled linen rooms have sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Storage rooms
- Existing storage rooms for combustible materials larger than 50 square feet have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices; or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New storage rooms for combustible materials 50 to 100 square feet are sprinklered, resist the passage of smoke, and have doors with self-closing or automatic-closing devices.
- New storage rooms for combustible materials larger than 100 square feet are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Trash collection rooms
- Existing trash collection rooms have sprinkler systems, resist the passage of smoke, and have doors with self-closing or automatic-closing devices;
or the rooms have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
- New trash collection rooms are sprinklered and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Scoring Category: C
Score: Insufficient Compliance

11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable.
Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door.
(For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

Scoring Category: C
Score: Insufficient Compliance

Note: See The Joint Commission's website (http://www.jointcommission.org/life_safety_code_information__resources/) for alcohol-based hand rub (ABHR) requirements, including permissible volumes of ABHR gel and foam within a single smoke compartment.

Scoring Category: C
Score: Insufficient Compliance

Observation(s):
EP 2

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the door to Room 5D32 (Hazardous Storage) had a gap greater than 0.125".

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the 5th Floor OR had combustibles stored in unprotected space.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the L&D OR Sterile Supply Room (Hazardous Storage) did not have an automatic closing device installed on the door.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.

Observed during Building Tour the 5th Floor 5A79 Storeroom (Hazardous Storage) had gaps in the ceiling greater than 0.125".

EP 11

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:
Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the door to OR 11 had a gap greater than 0.125" and the latching mechanism was missing.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the door latch to OR 15 did not function as installed.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the doors to OR 21 and 23 had a gap greater than 0.125" and the latching mechanism did not function as installed.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the Observation Unit corridor doors had a gap greater than 0.125".

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the NICU had two patient room bays with sliding glass doors to the exit corridor without latching mechanisms installed.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the NICU Area 4 had a gap greater than 0.125".

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
Observed during Building Tour the doors to Room 6D55, CCU Room 12, Entrance to L&D OR, and Radiology Patient Holding did not have working latching mechanisms.

EP 25

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service. Observed during Building Tour 2nd Floor SDS Area A had patient treatment areas open to the corridor. The area was not designated as a suite on the Life Safety Plans.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service. Observed during Building Tour 2nd Floor SDS Area D had patient treatment areas open to the corridor. The area was not designated as a suite on the Life Safety Plans.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service. Observed during Building Tour Observation Unit had patient treatment areas open to the corridor. The area was not designated as a suite on the Life Safety Plans.

Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service. Observed during Building Tour the CCU had a patient treatment area open to the corridor. This area was not designated as a suite on the life safety plans.

Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.35
Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

6. There are 18 inches or more of open space maintained below the sprinkler deflector to the top of storage. 
Note: Perimeter wall and stack shelving may extend up to the ceiling when not located directly below a sprinkler head. (For full text and any exceptions, refer to NFPA 13-1999: 5-8.5.2.1)

Scoring Category: C
Score: Insufficient Compliance

Observation(s):

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the PICU Clean Storage Room had storage less than 18 inches below a sprinkler head.**

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the storage in the Pharmacy was less than 18 inches from a sprinkler head.**

**Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

**Observed during Building Tour the Kitchen Walk-In Freezer had storage less than 18 inches from a sprinkler head.**

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**Chapter:** Medical Staff  
**Program:** Hospital Accreditation  
**Standard:** MS.01.01.01  
**Standard Text:** Medical staff bylaws address self-governance and accountability to the governing body.
Element(s) of Performance:

2. The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the 'Leadership' (LD) chapter for requirements regarding the governing body’s authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)

Scoring Category : A
Score : Insufficient Compliance

3. Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the ‘Leadership’ (LD) chapter for requirements regarding the governing body’s authority and conflict management processes.)

Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.

Scoring Category : A
Score : Insufficient Compliance
16. For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oralmaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. (For more information on performing the medical history and physical examination, refer to MS.03.01.01, EPs 6-11.)

Note 1: The definition of ‘physician’ is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Note 2: The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and Standard PC.01.02.03, EPs 4 and 5.

Scoring Category:  A
Score:  Insufficient Compliance
36. The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: If departments of the medical staff exist, the qualifications and roles and responsibilities of the department chair, which are defined by the organized medical staff, include the following:

Qualifications:
- Certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process.

Roles and responsibilities:
- Clinically related activities of the department
- Administratively related activities of the department, unless otherwise provided by the hospital
- Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges
- Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department
- Recommending clinical privileges for each member of the department
- Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization
- Integration of the department or service into the primary functions of the organization
- Coordination and integration of interdepartmental and intradepartmental services
- Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services
- Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services
- Determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services
- Continuous assessment and improvement of the quality of care, treatment, and services
- Maintenance of quality control programs, as appropriate
- Orientation and continuing education of all persons in the department or service
- Recommending space and other resources needed by the department or service

Note: For hospitals that use Joint Commission accreditation for deemed status purposes: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication
errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):
EP 2
§482.12(a)(4) - (A-0048) - [The governing body must:]

(4) Approve medical staff bylaws and other medical staff rules and regulations;
This Standard is NOT MET as evidenced by:

Observed in Document Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
During review of the hospital's medical staff bylaws and rules and regulations, there was no documentation that indicated these were reviewed and approved by the medical staff and the governing board. There were no dates of approval nor authentication by representatives of these leadership bodies. During survey, the hospital could not provide this surveyor with these requested items.

EP 3
Observed in Document Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
The medical staff had not amended its bylaws to comply with the provisions of the elements of performance 16 and 36.

EP 16
§482.22(c)(5)(i) - (A-0358) - (i) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.
This Standard is NOT MET as evidenced by:

Observed in Document Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
The medical staff bylaws, in Amendment 1: Content and Completion of Medical Records, under 1. History and Physicals, subheading c: requires that “for an H&P that was completed within 30 days prior to inpatient admission or registration”, “An update is required documenting any changes in the patient's condition within 24 hours after inpatient admission or registration, but prior to surgery or procedure requiring anesthesia services, whichever comes first.” This provision is not compatible with the CMS requirement that an updated examination be performed for such cases.

EP 36
Observed in Document Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
The medical staff bylaws did not specify that the qualifications for a department chairperson should include certification by the board of his or her specialty. During Credentialing Session, it was found that the hospital did not have a specified mechanism to determine comparable competence through the credentialing process.
Standard Text: The hospital safely stores medications.

Element(s) of Performance:

7. All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.

Note: This element of performance is also applicable to sample medications.

Scoring Category: C
Score: Insufficient Compliance

Observation(s):

EP 7

Observed in Tracer Visit at WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. (608 Cheat Road, Morgantown, WV) site.
While tracing care in the Family Practice Clinic an open, unlabeled vial of Hepatitis A vaccine was found.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity on the general pediatric floor, a liter IV fluid (D10W with KCL) had been removed from the outer-wrap and placed in the IV fluid bin for use without being re-dated with a new expiration date. This IV fluid bag was immediately discarded.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity on the general pediatric floor, three liters of IV fluid had been removed from the outer-wrap and placed in the supply bin for use without being re-dated with a new expiration date. During survey, these bags were immediately discarded.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity in the c-section suite, multiple bags of IV fluids were stored in a warmer without a new expiration date based on when the fluid was placed into the warmer.

Chapter: Medication Management
Program: Hospital Accreditation
Standard: MM.04.01.01

Standard Text: Medication orders are clear and accurate.
Element(s) of Performance:

13. The hospital implements its policies for medication orders.

Scoring Category:  C
Score:  Insufficient Compliance

Observation(s):

EP 13

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site. On 10 East, a patient had Percocet one tab every four hours PRN for moderate pain (4-6) and Percocet two tabs every four hours PRN for moderate pain (4-6). These two PRN pain medications were written for moderate pain without differentiation of when to give each, thus creating a therapeutic duplication which did not follow the HCO’s policy/process.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site. On 10 West, a patient had Dilaudid 0.4 mg IV every four hours PRN for severe pain (7-10) and Dilaudid one mg IV nightly PRN for severe pain (7-10). These two PRN pain medications were written for severe pain without differentiation of when to give each, thus creating a therapeutic duplication which did not follow the HCO’s policy/process.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site. During individual tracer activity and review of patient record, a PICU patient that was mechanically ventilated on titrated drips of Fentanyl and Versed had instructions to “titrate per sedation protocol to keep the SBA score at "0". In addition, Propofol was ordered at a set rate but had a different sedation scoring system as part of the order which conflicted with the pediatric protocol.

Chapter: National Patient Safety Goals
Program: Hospital Accreditation
Standard: NPSG.02.03.01
Standard Text: Report critical results of tests and diagnostic procedures on a timely basis.

Element(s) of Performance:

2. Implement the procedures for managing the critical results of tests and diagnostic procedures.

Scoring Category:  A
Score:  Insufficient Compliance

Observation(s):
EP 2
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity in the NICU, 1 out of 4 critical values did not have documentation of communication for receipt of critical value and provider notification.

Chapter: National Patient Safety Goals
Program: Hospital Accreditation
Standard: NPSG.03.06.01
Standard Text: Maintain and communicate accurate patient medication information.

Element(s) of Performance:
3. Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies. 
Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the hospital, does the comparison. (See also HR.01.06.01, EP 1)

Scoring Category : C
Score : Insufficient Compliance

Observation(s):
EP 3

Observed in Individual Tracer at WVU Pain Management Center operated by WVU Hospitals, Inc. (Suite 150 1075 VanVoorhis Road, Morgantown, WV) site.
While tracing care in the Pain Clinic it was noted that the patient’s current medication information had been collected by the Licensed Practical Nurse (LPN) but not reconciled by the physician per hospital policy.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (1325 Locust Avenue, Fairmont, WV) site.
While tracing care at the Fairmont Cancer Center it was noted that current medication information had been collected by the Registered Nurse (RN) but not reconciled by the physician per hospital policy.

Observed in Individual Tracer at University Town Centre Clinic operated by WVU Hospitals, Inc. (6040 University Town Centre Drive, Morgantown, WV) site.
While tracing care in the orthopedic clinic it was noted that the physician had not reconciled the patient’s medications per hospital policy.

Observed in Individual Tracer at WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. (608 Cheat Road, Morgantown, WV) site.
While tracing care in the obstetrics clinic it was noted that the physician had not reconciled the patient’s medications per hospital policy.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
While reviewing the closed record of a high risk obstetrics clinic patient it was noted that the physician had not reconciled the patient’s medications.

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Chapter: National Patient Safety Goals
Program: Hospital Accreditation
Standard: UP.01.03.01

Element(s) of Performance:

2. The time-out has the following characteristics:
   - It is standardized, as defined by the hospital.
   - It is initiated by a designated member of the team.
   - It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.

Scoring Category: A
Score: Insufficient Compliance

Observation(s):
EP 2
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During the time out for a patient who underwent a Puestow procedure under general anesthesia, the scrub technician and the scrub tech preceptor did not suspend their activities for the duration of the proceedings but instead were busy with tasks in preparation for the procedure.

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Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.01.02.08
Standard Text: The hospital assesses and manages the patient's risks for falls.

Element(s) of Performance:

1. The hospital assesses the patient's risk for falls based on the patient population and setting.

Scoring Category: C
Score: Partial Compliance

Observation(s):

EP 1
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
In the CVIS department there was no documented fall assessment on a patient that had a stress test. Staff stated that they did assess whether the patient could ambulate well enough to walk on the treadmill, but did not do this all the time and did not document. Staff technologists and manager agreed that this population did warrant a fall assessment.

Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
In the CVIS department there were no documented fall assessments on any of the outpatients in this department. Staff stated that they did assess whether the patients could ambulate well enough to walk on the treadmill, but did not do this all the time and did not document. Staff technologists and manager agreed that this population did warrant a fall assessment.
Observation(s):

EP 15

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site. 
During review of the order for blood transfusion for a patient who underwent chronic hemodialysis in the Dialysis Unit, the physician ordered for type, cross and transfuse 2 units of PRBCs with hemodialysis. It is the hospital’s policy that ordering physicians specify the rate of transfusion in these orders.

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Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.02.01.03

Standard Text: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.
Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: Prior to providing care, treatment, and services, the hospital obtains or renews orders (verbal or written) from a licensed independent practitioner or other practitioner in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations. *
   
   Note: Outpatient services may be ordered by a practitioner not appointed to the medical staff as long as he or she meets the following:
   - Responsible for the care of the patient
   - Licensed in the state where he or she provides care to the patient
   - Acting within his or her scope of practice under state law
   - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services
   
   Footnote *: For law and regulation guidance pertaining to those responsible for the care of the patient, refer to 42 CFR 482.12(c).

   Scoring Category : A
   Score : Insufficient Compliance

7. For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital provides care, treatment, and services using the most recent patient order(s).

   Scoring Category : A
   Score : Insufficient Compliance

Observation(s):
EP 1

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During review of the pain management of a patient who was admitted with hepatobiliary disease, it was found that several pain assessments yielded pain scores of 5 and 6 for which the patient was given hydrocodone-APAP. However, the latter was ordered only for severe pain (defined as pain score range of 7-10). There was no order written for moderate pain (defined as score range of 4-6).

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity and record review, morphine was ordered to be given "prn moderate pain score 4-6 every 4 hours." On 8/17 at 2153, the nurse gave morphine for a pain scale of "7" which the order did not cover.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity and review of patient record, an order for morphine was written as "prn moderate pain score of 4-6 every 4 hours." The nurse gave the morphine for a pain scale of "8" at 9am which was not applicable to the order.

EP 7

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
On 10 East, patient had the following pain medications ordered: Dilaudid 0.2 mg IV every four hours PRN severe pain (8-10), Percocet one tablet every four hours PRN moderate pain (4-6), Percocet two tablets PRN moderate pain (4-6). On 8-18-2015 at four am the patient rated his pain score as five on a scale of one to ten and the nurse administered Dilaudid 0.2 mg IV. The medication ordered for moderate pain as described by the patient was Percocet. At 6:58 am, the patient rated his pain as 7 and the nurse administered Percocet two tabs by mouth. The medication ordered for severe pain as described by the patient was Dilaudid.
Element(s) of Performance:

1. Resuscitation services are provided to the patient according to the hospital’s policies, procedures, or protocols.

Scoring Category: A
Score: Insufficient Compliance

2. Resuscitation equipment is available for use based on the needs of the population served.
Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EP 2)

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 1

Observed in Individual Tracer at WVU Spine Medicine Center operated by WVU Hospitals, Inc. (943 Maple Drive, Lower Level, Morgantown, WV) site.
While tracing care in the Spine Clinic staff noted that they would locate the automatic external defibrillator (AED) and find a physician if a patient required resuscitation. When asked about requesting additional assistance staff were unsure of what number to call. Hospital procedure requires calling 911 immediately.

Observed in Individual Tracer at University Town Centre Clinic operated by WVU Hospitals, Inc (6040 University Town Centre Drive, Morgantown, WV) site.
While tracing care in the imaging department it was noted that staff were unable to correctly identify the process for responding to a serious patient emergency.

EP 2

Observed in Individual Tracer at WVU Spine Medicine Center operated by WVU Hospitals, Inc. (943 Maple Drive, Lower Level, Morgantown, WV) site.
While tracing care in the Spine Clinic it was noted that the automatic external defibrillator (AED) had not been checked on 8/14/15 and 8/17/15 per hospital policy. The Clinic was open both days.

Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.02.02.03
Standard Text: The hospital makes food and nutrition products available to its patients.
Element(s) of Performance:

11. The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.

Scoring Category: C
Score: Insufficient Compliance

Observation(s):

EP 11

**Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.**

On the Adolescent Behavioral Health Unit, the patient nourishment refrigerator log was not completed per hospital policy. There were temperature checks missing for 8-11, 8-12, and 8-13 for the refrigerator.

**Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.**

On the Adolescent Behavioral Health Unit, the patient nourishment freezer log was not completed per hospital policy. There were temperature checks missing for 8-11, 8-12, and 8-13 for the refrigerator freezer.

**Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.**

During individual tracer activity in the PICU, two opened cartons of milk were found in the patient nourishment refrigerator that were not dated when opened. The organization’s policy requires dating and removal of stored food 24 hours after opening.
EP 8

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During review of the intraoperative anesthesia documentation for this patient who underwent a complex series of procedures to the left breast under general anesthesia, it was found that the anesthesia provider did not perform a reassessment of the patient immediately prior to the administration of Versed at 0726 hr. What was documented was "an immediate pre-induction and induction reassessment" performed and timed at 0644 hr when the patient was first brought to the OR.

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
For this pediatric patient who underwent bilateral myringotomy tube insertions under general anesthesia, the intraoperative anesthesia record of care did not reflect that a reassessment of the patient was performed immediately prior to induction.

Observed in Document Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During tracer activity and record review in the ED, a pediatric patient who underwent moderate sedation for a closed reduction did not have a reassessment immediately prior to the sedation provided.

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Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.03.05.15
Standard Text: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital documents the use of restraint or seclusion.
Observation(s):

1. For hospitals that use Joint Commission accreditation for deemed status purposes:
   Documentation of restraint and seclusion in the medical record includes the following:
   - Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior
   - A description of the patient’s behavior and the intervention used
   - Any alternatives or other less restrictive interventions attempted
   - The patient’s condition or symptom(s) that warranted the use of the restraint or seclusion
   - The patient’s response to the intervention(s) used, including the rationale for continued use of the intervention
   - Individual patient assessments and reassessments
   - The intervals for monitoring
   - Revisions to the plan of care
   - The patient’s behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
   - Injuries to the patient
   - Death associated with the use of restraint or seclusion
   - The identity of the physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion
   - Orders for restraint or seclusion
   - Notification of the use of restraint or seclusion to the attending physician
   - Consultations

Note: The definition of ‘physician’ is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Scoring Category: C
Score: Partial Compliance
The hospital provides written discharge instructions in a manner that the patient and/or the patient’s family or caregiver can understand. (See also RI.01.01.03, EP 1)

Score: Partial Compliance

Scoring Category: C

Observation(s):

8. The hospital provides written discharge instructions in a manner that the patient and/or the patient’s family or caregiver can understand. (See also RI.01.01.03, EP 1)

Observed in Record Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
On the Psychiatric Intensive Care Unit, in the review of a patient in mechanical restraints (ERC), the hospital-mandated elements of documentation every 15 minutes in medical record were not found for 8-17-2015 at 12:15 pm and 12:30 pm.

Observed in Record Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.
On the Psychiatric Intensive Care Unit, during review of a patient in mechanical restraints (ERC), the hospital-mandated "Contract for Safety" prior to removal of the restraints was not documented in the medical record.
EP 8

Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
In the CVIS department, an outpatient that had a stress test did not receive any written discharge instructions.

Observed in Tracer Activities at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
In the CVIS department, staff stated that outpatients in this department did not receive any written discharge instructions. It was noted by the technologists that discharge instructions related to tests performed in this department were available on the computer system and that patients would benefit from written instructions.

Chapter: Record of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: RC.01.01.01
Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Element(s) of Performance:
19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

Scoring Category: C
Score: Partial Compliance

Observation(s):
The Joint Commission

EP 19
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:

**Observed in Individual Tracer at WVU Pain Management Center operated by WVU Hospitals, Inc. (Suite 150 1075 VanVoorhis Road, Morgantown, WV) site for the Hospital deemed service.**
While tracing care in the Pain Clinic it was noted that the consent for the procedure had been signed and dated but not timed by the physician.

**Observed in Individual Tracer at University Town Centre Clinic operated by WVU Hospitals, Inc (6040 University Town Centre Drive, Morgantown, WV) site for the Hospital deemed service.**
While tracing care in the dermatology clinic it was noted that the patient's consent for biopsy had been signed and dated but not timed.

---

**Chapter:** Record of Care, Treatment, and Services  
**Program:** Hospital Accreditation  
**Standard:** RC.02.01.03  
**Standard Text:** The patient’s medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

**Element(s) of Performance:**

5. An operative or other high-risk procedure report is written or dictated upon completion of the operative or other high-risk procedure and before the patient is transferred to the next level of care.  
   Note 1: The exception to this requirement occurs when an operative or other high-risk procedure progress note is written immediately after the procedure, in which case the full report can be written or dictated within a time frame defined by the hospital.  
   Note 2: If the practitioner performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, the report can be written or dictated in the new unit or area of care.

**Scoring Category:** C  
**Score:** Insufficient Compliance

**Observation(s):**
EP 5
§482.51(b)(6) - (A-0959) - (6) An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.
This Condition is NOT MET as evidenced by:

**Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**
In the CVU, there was no written or dictated report of the patient's operative procedure. The patient had a TAVR on 8-18-15 and on 8-19-2015 there was no still no operative report on the record. Staff were unable to determine if a note had been dictated.

**Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**
In the CVU, there was no written or dictated report of the patient's operative procedure. The patient had an AAA repair on 8-13-15 and on 8-19-2015 there was still no operative report on the record. Staff were unable to determine if a note had been dictated.

**Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**
In the CVU, there was no written or dictated report of the patient’s operative procedure. The patient had a CABG on 8-18-15 and on 8-19-2015 there was no still no operative report on the record. Staff were unable to determine if a note had been dictated.

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**Chapter:** Rights and Responsibilities of the Individual  
**Program:** Hospital Accreditation  
**Standard:** RI.01.07.01  
**Standard Text:** The patient and his or her family have the right to have complaints reviewed by the hospital.

**Element(s) of Performance:**

18. For hospitals that use Joint Commission accreditation for deemed status purposes: In its resolution of complaints, the hospital provides the individual with a written notice of its decision, which contains the following:
- The name of the hospital contact person
- The steps taken on behalf of the individual to investigate the complaint
- The results of the process
- The date of completion of the complaint process

**Score:** Partial Compliance

**Observation(s):**
(iii) 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. This Standard is NOT MET as evidenced by:

**Observed in Record Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

During review of a patient's grievance record, it was found the hospital did not implement all necessary steps to complete a patient's grievance resolution as required by hospital policy IV.190 "Patient and Family Complaint and Grievance Mechanism." The hospital did not respond in writing to the complainant within seven calendar days as required.

**Observed in Record Review at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site for the Hospital deemed service.**

During review of a second patient's grievance record, it was found the hospital did not implement all necessary steps to complete a patient's grievance resolution as required by hospital policy IV.190 "Patient and Family Complaint and Grievance Mechanism." The hospital did not respond in writing to the complainant within seven calendar days as required.

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**Chapter:** Human Resources Management  
**Program:** Behavioral Health Care Accreditation  
**Standard:** HRM.01.06.01  
**Standard Text:** Staff are competent to perform their job duties and responsibilities.

**Element(s) of Performance:**

1. For each of its programs or services, the organization defines the competencies it requires of staff members who provide care, treatment, or services. 

   Note: Competencies may be based on the programs or services provided and the populations served. (See also NPSG.03.06.01, EP 3)

**Scoring Category:** A  
**Score:** Insufficient Compliance
EP 1

Observed in Competency Session at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.

While reviewing the competency files of therapists for the residential sex offender treatment program and the residential dual diagnosis treatment program, it was noted that minimum competencies had not been clearly defined.
Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

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Opportunities for Improvement – Detail

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.01.01

Element(s) of Performance:
5. The hospital maintains all grounds and equipment. 

Scoring Category: C
Score: Satisfactory Compliance

Observation(s):

EP5
Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour the trash compactor had the activation switch kept on the ON position but the key was removed allowing its potential operation by unauthorized personnel.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.02.01
Standard Text: The hospital manages risks related to hazardous materials and waste.

Element(s) of Performance:
5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

Scoring Category: C
Score: Satisfactory Compliance

Observation(s):

EP5
Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour the Boiler House had corrosive chemicals in use without an eyewash station readily available.
EP1
Observed in Building Tour at West Virginia University Hospitals, Inc. | One Medical Center Drive, Morgantown, WV site.
Observed during Building Tour the oxygen cylinder storage room in the ED had 20 E cylinders in a protected room with combustibles less than 5 feet away.

1. The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.

Scoring Category: C
Score: Satisfactory Compliance

EP5
Observed in Building Tour at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
Observed during Building Tour the Rolling Fire Door in the 5th Floor OR had its closing path blocked with storage. Corrected while the surveyor was on site.
The hospital safely stores medications.

Element(s) of Performance:

2. The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.
Note: This element of performance is also applicable to sample medications.

Scoring Category: C
Score: Satisfactory Compliance

8. The hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.
Note: This element of performance is also applicable to sample medications.

Scoring Category: C
Score: Satisfactory Compliance

Observation(s):

EP2
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity in general pediatrics, the medication room had a floor supply of multiple different premixed IV fluids. However, in one bin that was labeled for one type of solution had two different IV fluid bags mixed into the bin. This created a potential error for the wrong solution to be selected.

EP8
Observed in Tracer Visit at WVU Cheat Lake Physicians operated by WVU Hospitals, Inc. (608 Cheat Road, Morgantown, WV) site.
While tracing care in the Family Practice Clinic an opened multi dose vial of xylocaine with an expiration date of 8/13/16 was found. Hospital policy required disposal of an opened vial after 28 days.
Element(s) of Performance:

5. Document the completion of the time-out. 
Note: The hospital determines the amount and type of documentation.

Scoring Category: C
Score: Satisfactory Compliance

Observation(s):

EP5
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity and patient record review in the ED, there was no documentation that a time-out was done prior to a procedure requiring moderate sedation.

Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.01.03.01
Standard Text: The hospital plans the patient’s care.

Element(s) of Performance:

1. The hospital plans the patient’s care, treatment, and services based on needs identified by the patient’s assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2; PC.01.02.13, EP 2)

Scoring Category: C
Score: Satisfactory Compliance

Observation(s):

EP1
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity and review a patient record, a drug exposed neonate that was being scored per NAS protocol did not have a substance exposed plan of care integrated into the overall plan. The staff agreed that it should have been included.

Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.02.03.01
Standard Text: The hospital provides patient education and training based on each patient’s needs and abilities.
Element(s) of Performance:

4. The hospital provides education and training to the patient based on his or her assessed needs.

Scoring Category: C
Score: Satisfactory Compliance

Observation(s):

EP4
Observed in Individual Tracer at West Virginia University Hospitals, Inc. (One Medical Center Drive, Morgantown, WV) site.
During individual tracer activity and record review, a newborn that had been circumcised did not have the aftercare and treatment education for circumcision care as part of the education plan. The staff agreed that this should have been a part of the patient's education and training plan.

Chapter: Record of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: RC.02.01.01
Standard Text: The medical record contains information that reflects the patient's care, treatment, and services.

Element(s) of Performance:

4. As needed to provide care, treatment, and services, the medical record contains the following additional information:
   - Any advance directives (See also RI.01.05.01, EP 11)
   - Any informed consent, when required by hospital policy (See also RI.01.03.01, EP 13)
   Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent contains documentation of a patient's mutual understanding of and agreement for care, treatment, and services through written signature; electronic signature; or, when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate decision-maker.
   - Any records of communication with the patient, such as telephone calls or e-mail
   - Any patient-generated information

Scoring Category: C
Score: Satisfactory Compliance

Observation(s):
EP4
Observed in Individual Tracer at WVU Spine Medicine Center operated by WVU Hospitals, Inc. (943 Maple Drive, Lower Level, Morgantown, WV) site.
While tracing the care of a patient undergoing a steroid injection in the Spine Clinic staff indicated that consent was not documented or required. The hospital’s consent policy indicated that any procedure “involving entry into the body” or “anesthetic” (including local) required written consent. The policy did not specifically exclude this procedure.
# Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 12

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<th>Site:</th>
<th>West Virginia University Hospitals, Inc.</th>
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| PFI Id: | 418284 |
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| Funds Committed: | Other |
| Accepted Date: | 8/18/2015 |