Kenmore Mercy Hospital
2950 Elmwood Avenue
Kenmore, NY 14217

Organization Identification Number: 3904

Program(s)                                Surveyor(s) and Survey Date(s)
Hospital Accreditation                     Mary K. Leonard, MS, RN - (03/30 - 04/01/2009)
                                           (04/02 - 04/02/2009)
                                           Kenneth A. Richter, CHSP - (03/31 - 03/31/2009)
                                           Daniel J. Schwartz, MD - (03/30 - 04/01/2009)
                                           (04/02 - 04/02/2009)

Executive Summary

Hospital 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 Representative.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.
Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is 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>EC.02.03.05 EP6</td>
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<tr>
<td></td>
<td>HR.01.02.05 EP1</td>
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<td></td>
<td>LS.02.01.30 EP2,EP6,EP18</td>
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<td>MS.06.01.05 EP10</td>
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<td>RC.01.02.01 EP3</td>
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<td>RC.02.03.07 EP4</td>
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Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is 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>IC.02.02.01 EP1</td>
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<tr>
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<td>LS.02.01.20 EP1</td>
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<td>NPSG.07.01.01 EP1</td>
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<td>PC.01.02.01 EP23</td>
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<td></td>
<td>RC.02.01.03 EP6</td>
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The Joint Commission
Findings

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.03.05

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

6. For automatic sprinkler systems: Every week, the hospital tests fire pumps under no-flow conditions. The completion date of the tests is documented. Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

Observation(s)

EP 6
Observed in The main facility at Kenmore Mercy Hospital site. The facility did not do the weekly test each week in Oct. 08. Only one test was done in that month.

Observed in the main facility at Kenmore Mercy Hospital site. The facility did not do the weekly test each week in Nov. 08. Only one test was done in that month.

Observed in the main facility at Kenmore Mercy Hospital site. The facility did not do the weekly test each week in Jan. 09. Only one test was done in that month.

Score: Insufficient Compliance

Observation(s)

Chapter: Human Resources
Program: Hospital Accreditation
Standard: HR.01.02.05

Standard Text: The hospital verifies staff qualifications.

Primary Priority Focus Area: Organizational Structure
Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)

Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.

Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.

Note 3: An external organization (for example, a credentials verification organization (CVO)) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

Scoring Category : A
Score : Insufficient Compliance

Observation(s)

EP 1
Observed in review of personnel files at Kenmore Mercy Hospital site. The organization did not verify through primary source the timely renewal of licensure of the following staff members who had all renewed their licenses timely. An LPN’s license was due to expired 6/30/06 the organization did not verify relicensure through primary source until 1/30/09; a speech therapist’s license was due to expire 4/30/08 and the verification was not checked until 4/1/09; and a certified occupational therapist license renewal was not verified until 3/7/08 and license expired 2/28/08.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.02.02.01
Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
Primary Priority Focus Area: Equipment Use

Element(s) of Performance:

1. The hospital implements infection prevention and control activities when doing the following: Cleaning and disinfecting medical equipment, devices, and supplies.

Scoring Category : C
Score : Partial Compliance

Observation(s)

EP 1
Observed in cleaning area in Radiology at Williamsville Diagnostic Center site. The bottle of test strips used for testing the cidex solution used to clean the vaginal probes was not dated when opened. According to the manufacturer’s recommendation the test strips were good for only 90 days after opening and the bottle was to be dated to ensure accuracy in testing the strength of the solution.

Observed in equipment cleaning area- Imaging at Williamsville Diagnostic Center site. The procedure used to disinfect the vaginal probe described by the technologist was to soak the probe for approximately 10 minutes in a Cidex solution. The staff was using a Cidex solution for which the manufacturer’s recommendation was a 45 minute soak. The staff mistakenly believed they were using Cidex OPA for which manufacturer's recommendation and organizational policy required a 12 minute soak. Consequently the disinfection process was not complete and did not meet the standard for effective equipment cleaning and disinfection.
Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.20

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. Doors in a means of egress are unlocked in the direction of egress. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.2.2.2.4)

Scoring Category: A
Score: Insufficient Compliance

Observation(s)

EP 1
Observed in the main facility at Kenmore Mercy Hospital site. The three egress doors leading into the ICU and CCU areas were locked with magnetic locks that could only be opened with an employee badge.

Chapter: Life Safety
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.

Primary Priority Focus Area: Physical Environment
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, 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 shop has 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.
Observation(s)

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

Scoring Category : C
Score : Partial Compliance

6. Existing corridor partitions are fire-rated for 1/2 hour, are continuous from the floor slab to the floor or roof slab above, extend through any concealed spaces (such as those above suspended ceilings and interstitial spaces), are properly sealed, and are constructed to limit the transfer of smoke.

Note 1: Unsealed spaces 1/8-inch wide or less around pipes, conduits, ducts, and wires above the ceiling are permitted.

Note 2: In smoke compartments protected throughout with an approved supervised sprinkler system, corridor partitions are allowed to terminate at the ceiling if the ceiling is constructed to limit the passage of smoke. The passage of smoke can be limited by an exposed, suspended-grid acoustical tile ceiling. The following ceiling features also limit the passage of smoke: sprinkler piping and sprinklers that penetrate the ceiling; ducted heating, ventilating, and air conditioning (HVAC) supply and return-air diffusers; speakers; and recessed lighting fixtures. (For full text and any exceptions, refer to NFPA 101-2000: 19.3.6.2.1 and 19.3.6.2.2)

Scoring Category : C
Score : Insufficient Compliance
The Joint Commission
Findings

EP 2
Observed in the main facility at Kenmore Mercy Hospital site.
On 3 West the soiled utility room / trash storage room walls had several unsealed penetrations above the ceiling tiles.

Observed in the main facility at Kenmore Mercy Hospital site.
On 2 West the soiled utility room / trash storage room walls had several unsealed penetrations above the ceiling tiles.

Observed in the main facility at Kenmore Mercy Hospital site.
The soiled utility / trash storage room 1638 had several unsealed penetrations in the walls above the ceiling

EP 6
Observed in the main facility at Kenmore Mercy Hospital site.
The corridor wall over room 3038 did not go to the deck above.

Observed in the main facility at Kenmore Mercy Hospital site.
On the 3rd floor the corridor wall to the left of the atrium doors had an unsealed penetration around a wire that penetrated the wall.

EP 18
Observed in the main facility at Kenmore Mercy Hospital site.
3 South the smoke wall over the double doors had 4 unsealed penetration around wires that penetrated the wall.

Observed in the main facility at Kenmore Mercy Hospital site.
The 2nd floor smoke wall in room 2032 did not go to the deck above.

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<td>Standard:</td>
<td>MS.06.01.05</td>
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<tr>
<td>Standard Text:</td>
<td>The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidenced-based process.</td>
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<tr>
<td>Primary Priority Focus Area:</td>
<td>Credentialed Practitioners</td>
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<td>Element(s) of Performance:</td>
<td>10. The hospital has a process to determine whether there is sufficient clinical performance information to make a decision to grant, limit, or deny the requested privilege.</td>
</tr>
<tr>
<td>Scoring Category : A</td>
<td>Insufficient Compliance</td>
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Observation(s)

EP 10
Observed in Credentialing at Kenmore Mercy Hospital site.
During the credentialing tracer it was observed that there was inconsistent implementation of this process. In review of an orthopedic file it was noted that every orthopedic privilege available was approved for this physician including extensive hand surgical procedures. A review of cases performed over several years did not substantiate that any hand surgery was done by this surgeon.
The Joint Commission
Findings

Standard: NPSG.07.01.01

Standard Text: Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

1. The hospital complies with current World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. 
   Note: Hospitals are required to comply with 1A, 1B, and 1C of the WHO or CDC guidelines.

Scoring Category: C
Score: Insufficient Compliance

Observation(s)

EP 1
Observed in interventional radiology at Kenmore Mercy Hospital site. 
A 77 year old male was observed having a CT guided thoracentesis. The physician did not use any hand hygiene immediately before donning his sterile gloves or after removing his sterile gloves. Prior to donning gloves the physician was observed handling the wrapped equipment trays in the room.

Observed in interventional radiology area at Kenmore Mercy Hospital site. 
The nurse was observed preparing for a CT guided thoracentesis and did not use any hand hygiene before donning gloves or after removing gloves.

Observed in 3 East at Kenmore Mercy Hospital site. 
A nurse was observed initiating dialysis to a patient with a history of pneumonia, CHF and MRSA. During the process of changing the patient's catheter dressing, the nurse changed her gloves at least twice without use of hand hygiene between glove changes.

Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.01.02.01

Standard Text: The hospital assesses and reassesses its patients.

Primary Priority Focus Area: Assessment and Care/Services

Element(s) of Performance:

23. During patient assessments and reassessments, the hospital gathers the data and information it requires.

Scoring Category: A
Score: Insufficient Compliance

Observation(s)
EP 23
Observed in ENDOSCOPY at Kenmore Mercy Hospital site.
During tracer activity it was observed that although nursing policy guides the pre-procedural evaluation of the endoscopy patients there was no clarification of current drug use to current medical conditions. For example the patient stated that he used "water pill" however there was no nursing query as to why this medication was being used. Additionally the assessment failed to clarify circumstances leading to his previous leg fracture. The nutritional assessment did not consider his weight [280 lb] as triggering the need for a nutritional consult.

Observed in RADIOLOGY at Kenmore Mercy Hospital site.
During a tour of the area it was observed that a patient, about to receive a dye injection pre cat scan, did not have a current record of a BUN or CREATININE. Staff was not aware of a current policy and reported that a policy was being approved that would guide indications for renal testing. Later in the day senior leadership shared a current policy which requires these results to have been reviewed prior to administering dye. This 80 year old patient meets current policy guidelines. Eventually information about her renal function was retrieved after the observation was made. It was faxed to the organization from the referring physician after staff was queried about the policy and the absence of this information.

Observed in patient's clinical documentation at Williamsville Diagnostic Center site.
A 22 year old female had an order for a CT scan with contrast on 2/24/09, during the assessment of the patient the last menstrual period was documented as 1/23/09. The question related to pregnant was not completed and no documentation of patient's answer to question of pregnancy possibility was entered. The organization had a policy that required the patient to answer the question and sign the form.

Chapter: Record of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: RC.01.02.01
Standard Text: Entries in the medical record are authenticated.
Primary Priority Focus Area: Information Management
Element(s) of Performance:
3. The author of each medical record entry is identified in the medical record.

Scoring Category : C
Score : Insufficient Compliance

Observation(s)

EP 3
Observed in ENDOSCOPY at Kenmore Mercy Hospital site.
During tracer activity it was observed that neither nursing nor physician signatures were legible. Staff agreed that recognition of the signatures was based on familiarity with the "marks" but did note denote legibility This does promote continuity of care among providers.

Observed in 3 EAST at Kenmore Mercy Hospital site.
During tracer activity it was observed that on 03/30/2009 physician signatures for orders were not legible by staff. This does not promote continuity of care among care givers

Observed in 3 West at Kenmore Mercy Hospital site.
The signature of a physician who authenticated verbal orders was not able to be identified by staff; thus it was unclear if this was an intentional authentication of the orders.
The Joint Commission

Findings

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.
Primary Priority Focus Area: Information Management

Element(s) of Performance:

6. The operative or other high-risk procedure report includes the following information:
- The name(s) of the licensed independent practitioner(s) who performed the procedure and his or her assistant(s)
- The name of the procedure performed
- A description of the procedure
- Findings of the procedure
- Any estimated blood loss
- Any specimen(s) removed
- The postoperative diagnosis

Scoring Category: C
Score: Insufficient Compliance

Observation(s)

EP 6
Observed in ICU at Kenmore Mercy Hospital site.
During tracer activity it was observed that the immediate post operative note did not include a description of the estimated blood loss.
The hospital has a post operative progress record form that includes estimated blood loss as one of the elements of information.

Observed in ICU at Kenmore Mercy Hospital site.
During tracer activity it was observed that the completed post operative surgical note did not include a description of estimated blood loss. The hospital has a post operative progress record form that includes estimated blood loss as one of the elements of information.

Observed in 2 EAST at Kenmore Mercy Hospital site.
During tracer activity it was observed that an immediate post operative note describing a knee replacement did not include an estimate of blood loss.

Observed in 2 EAST at Kenmore Mercy Hospital site.
During tracer activity it was observed that a completed post operative note documenting a knee replacement did not include a description of blood loss.
Element(s) of Performance:

4. Verbal orders are authenticated within the time frame specified by law and regulation.

Scoring Category: C
Score: Insufficient Compliance

Observation(s)

EP 4
Observed in 2 WEST at Kenmore Mercy Hospital site. During tracer activity it was observed that on 02/26/2009 a telephone order for Picc Line usage was not authenticated with signature, date or time as per the 48 hour time frame required by federal statute.

Observed in 2 WEST at Kenmore Mercy Hospital site. During tracer activity it was observed that 02/26/2009 a telephone order to "discontinue Ampicillin" was not authenticated with a date or a time as per federal statute requirements.

Observed in 2 WEST at Kenmore Mercy Hospital site. During tracer activity it was observed that on 03/16/09 a telephone order "to do a stat ptt" was neither dated or timed as per federal statute requiring this documentation within 48 hours.

Observed in patient's clinical documentation-MRU at Kenmore Mercy Hospital site. A telephone order taken on 3/23/09 for Maalox 30 ml p.o. x 1 now for nausea was not authenticated within the 48 hours as required by policy.

Observed in patient's clinical documentation-MRU at Kenmore Mercy Hospital site. A verbal order written on 3/13/09 was signed by the physician without a date and time for the signature. According to the Conditions for Participation verbal and telephone orders must be authenticated with a date and time within 48 hours.