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Subject: ***Product Receiving and Delivery Systems, La Jolla Medical Center***
Audit Project 2012-27

The final audit report for Product Receiving and Delivery Systems, Audit Report 2012-27, is attached. We would like to thank the Health System personnel that participated in this review for their cooperation and assistance during the audit.

Because we were able to reach agreement regarding corrective actions to be taken in response to the audit recommendations, a formal response to the report is not requested.

The findings included in this report will be added to our follow-up system. While management corrective actions have been included in the audit report, we may determine that additional audit procedures to validate the actions agreed to or implemented are warranted. We will contact you to schedule a review of the corrective actions, and will advise you when the findings are closed.

UC wide policy requires that all draft audit reports, both printed and electronic, be destroyed after the final report is issued. Because draft reports can contain sensitive information, please either return these documents to AMAS personnel, or destroy them.

Terri Buchanan
Interim Assistant Vice Chancellor
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Attachment

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AUDIT & MANAGEMENT ADVISORY SERVICES

Product Receiving and Delivery Systems
La Jolla Medical Center
December 2012

Performed By:

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Approved By:

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Project Number: 2012-27

Product Receiving & Delivery Systems – La Jolla Medical Center
Audit & Management Advisory Services Project 2012-27

Table of Contents

Product Receiving & Delivery Systems – La Jolla Medical Center
Audit & Management Advisory Services Project 2012-27

I. Background

Audit & Management Advisory Services (AMAS) has completed a review of selected product receiving and delivery processes at the La Jolla Medical Center as part of the approved internal audit plan for Fiscal Year 2011-12. This report summarizes the results of our review.

The UC San Diego Sulpizio Cardiovascular Center (SCVC), which opened on August 8, 2011, is located adjacent to the existing La Jolla Medical Center (Thornton Hospital). The SCVC occupies a four-story, 128,000 square foot building that includes four cardiovascular operating rooms, a cardiac catheterization unit, a non-invasive cardiovascular laboratory, 54 new inpatient beds, outpatient clinics, and an expanded Emergency Room (ER), which is shared with Thornton Hospital. The Thornton Hospital campus was expanded with the opening of the East Campus Office Building (ECOB) in October 2011, which added approximately 75,000 gross square feet of new space for office, administrative, and clinical research activities.

Unlike Thornton Hospital, the SCVC was not constructed with a subterranean level, to allow trash removal, linen storage and exchange, and bio-hazardous waste removal to occur away from patient care and visitor areas. As a result, those items must be transported from the SCVC, through Thornton Hospital to the main loading dock or another storage area for processing.

In anticipation of potential issues related to licensure requirements and process efficiencies, representatives from Medical Center Environmental Services (EVS), Supply Chain Management Services (Storehouse) and Food and Nutritional Services (FNS) met in August 2010 to discuss the expected impact of SCVC and ECOB operations to the La Jolla Medical Center. The deliverable from the meeting was a presentation to Health System management titled *Stand and Deliver*, which identified anticipated workflow challenges and included recommendations for improving processes and delivery pathways to mitigate operational risks. The proposed delivery pathways were discussed with and approved by the California Department of Public Health (CDPH) Licensing and Certification Program as part of the SCVC licensing process.

II. Audit Objective, Scope, and Procedures

The objective of our review was to perform an operational assessment of the product receiving and delivery systems for the Thornton Hospital, the SCVC, and adjacent facilities. The scope of the review focused on verifying the efficacy of the processes implemented in response to the recommendations in the August 2010 management assessment, and identifying additional unanticipated roadblocks experienced by EVS, Storehouse and FNS in the current operating environment.

To achieve the project objective, we performed the following audit procedures:

- Reviewed applicable State regulations and UC Health System policies and procedures:
  - California Code of Regulations, Title 22 (Title 22); and,
  - MCP 813.3, Hazardous Materials and Hazardous Waste;
- Evaluated the operational challenges and recommendations included in the August 2010 *Stand and Deliver* presentation;
- Contacted SCVC management to verify the percentage of SCVC occupied and receiving delivery and removal services;
- Interviewed Storehouse and EVS managements to determine how supplies and equipment were transported through the hospital and the SCVC;
- Interviewed FNS management to determine how patient meals were delivered;
- Completed a site visit and walked the routes used by FNS staff to deliver patient meals and return empty trays;
- Visited the Thornton Hospital loading dock, and storage areas to view storage solutions and evaluate receiving processes;
- Accompanied EVS and Storehouse personnel on product delivery and pick-up rounds; and
- Prepared a matrix that included actions recommended in the August 2010 presentation to management, updated the status of the actions implemented, and identified additional issues identified during the review process (***Attachment A***).

III. Conclusion

Based on our review procedures, we concluded that the 2010 assessment of the SCVC workflows identified critical organizational risks. Processes implemented in response to the recommendations made in 2010 helped to ensure that regulatory requirements and standards were met, but did not completely remediate all related issues. ***Attachment A*** provides a summary of potential areas of concern identified by management, the remediation processes implemented, and additional actions to be considered. We noted that the CDPH approval was obtained for food cart, supplies and equipment delivery; and pick-up routes.

Based on our observations, we concluded that Storehouse and EVS staffing levels did not appear sufficient to staff certain workaround procedures processes needed to support operations and comply with regulations. These SCVC procedures included more frequent stocking of supplies and removal of bio-hazardous waste. In addition, because trash chutes were not built into the SCVC, the procedure for collecting and transporting trash was resource intensive; and resulted in trash sometimes being inappropriately stored in hallways. Inadequate storage for excess mattresses resulted in those items being stored in the basement corridor in Thornton Hospital. The absence of efficient trash removal systems and storage for soiled linens created periodic overflows of those items, which was not compliant with certain regulations.

These issues are discussed in more detail in the remainder of this report.

IV. Observations, Management Corrective Actions, and Recommendations

A. Staff Resources

The current number of full time staff (FTEs) allocated to Thornton Hospital product delivery and waste removal services was not adequate to ensure compliance with regulatory requirements.

Storehouse – Medical Supply Management

Prior to the opening of the SCVC, five Storehouse staff ordered and stocked supplies for Thornton Hospital nursing units. In preparation for the SCVC opening in August 2010, Storehouse management requested five additional FTEs to support five new SCVC patient care units. Management approved three and one-half of the five FTEs requested. One additional FTE was included in a FY 2010-11 transitional budget to support the first 90 days of SCVC operations. However, after the SCVC opened in August 2011, four additional units (increasing the total to 14 units) were opened without increasing the Storehouse staff needed to provide delivery services. In addition, the FTE included in the transitional FY 2010-11 budget did not carry forward to FY 2011-12.

At the time of our review, the following conditions increased the time required to provide adequate supply ordering and stocking services to both Thornton Hospital and the SCVC:

- Due to space limitations in the SCVC, excess stock could not be stored near the nursing units where the supplies were used. Therefore, supplies were stored in SCVC clean rooms, medication rooms and equipment rooms. Additional time was required for Storehouse staff to walk between the Storehouse, alternative storage areas, and nursing units to replenish supplies.

- One FTE was added for transfer and storage to keep hallways clear. However, the duties assigned to that FTE were changed to fulfill supply replenishment requirements.

- Based on available staffing, Thornton Storehouse hours were Monday through Friday: 7:30 am to 9:00 pm; and Saturday 8:00 am to 4:00 pm. Supply delivery services were not provided on Sundays, and only one employee was assigned to work on Saturdays. In addition to answering calls, the Storekeeper who worked on Saturday re-stocked supplies in the 14 patient

care units referenced above, and the Bone Marrow Transplant Center on Three West. The Supply Chain Management Assistant Director stated that the ER, Critical Care Unit and the Intensive Care Units also require daily supply deliveries.

- Because only 3.5 of the five FTEs included in the original budget request were approved, staffing was not available to stock supplies on Sunday. To provide the weekend supplies needed, the Storehouse Supervisor began stocking a supply cart for selected nursing units.

Management Corrective Actions:

1. Storehouse management reallocated 0.70 FTE in October 2012 to provide a Storekeeper on Sundays.

2. Storehouse management will reevaluate FTE requirements based on current workflows.

3. Health System management will consider increasing the Storehouse FTE levels allocated to SCVC based on this workflow assessment.

EVS – Bio-Hazardous Waste Handling

Per MCP 813.3: *Hazardous Materials and Hazardous Waste*, The process for bio-hazardous waste removal involved the following steps:

- Hospital unit staff were responsible for removing bio-hazardous waste from the point of service and depositing it into an individual waste storage container in each room.
- EVS staff were responsible for moving the waste from individual unit containers to intermediate storage on each hospital floor (a 32 gallon container in Soiled Utility Room); and then to bulk storage located in a trailer behind the Thornton Hospital loading dock area.
- A contracted waste removal company collected the waste from the bulk storage trailer for off-site processing or neutralizing.

With the exception of the operating rooms, the SCVC had no provision for dedicated intermediate bio-hazardous waste storage. As a result, those wastes had to be moved directly to the bulk storage trailer frequently. Because EVS employees were responsible for delivering waste to bulk storage, the absence of intermediate storage required them to return three to four times per day to transport waste out of the units as required by MCP 813.3, which increased staffing needs.

The frequency of bio-hazardous waste removal varies based on patient census; however, the Medical Waste Management Act specifies that red bags should not be transported more than three fourths full. The current requirement that bio-hazardous waste be removed daily will help to ensure compliance with Title 22 § 70845 (c) which states: "All containers receiving putrescible[1] wastes shall be emptied at least every four days, or more often if necessary." UCSDHS has adopted a stricter requirement to prevent bio-hazardous waste overflows.

EVS – Linen Handling

The use of a linen exchange cart program alleviated but did not eliminate staff needs for linen exchange. EVS personnel were required to spend time transferring unused clean linen from those carts to the existing clean linen storage area.

Management Corrective Action:

1. EVS management will re-evaluate FTE requirements based on current Thornton Hospital/SCVC workflows.

2. Health System management will reconsider the EVS FTE levels allocated to the SCVC based on this workflow assessment.

B. Mattress Storage and Bed Repair

Because there has never been a system in place for managing mattress storage and bed repair, those items were not stored and/or repaired in compliance with State regulations.

A trailer was parked on the Thornton Hospital main loading dock to store excess equipment and some of the extra mattresses maintained on-site. The Storehouse Supervisor stated that at times, excess mattresses were stored in the hallways because there has never been a storage area designated for mattresses at Thornton Hospital.

Neither Storehouse nor EVS was staffed to manage extra mattresses. Nonetheless, EVS staff moved them from the location where they were temporarily stored to patient care areas as needed. The Storehouse Supervisor

[1] Putrescible waste is defined as solid waste that contains organic matter capable of being decomposed by microorganisms and of such a character and proportion as to cause obnoxious odors and to be capable of attracting or providing food for birds or animals.

typically left several mattresses on a gurney in the basement hallway just inside the receiving area to make certain they were available if needed. UCSD Environment, Health and Safety Section: 516-11 states in part: "Obstructed corridors and exits present a hazard to free and expeditious egress by occupants and safe entry by emergency responders."

AMAS also noted that there was no designated storage or work area for broken beds. The Storehouse Supervisor stated that bed repairs were completed in hospital hallways as needed.

Excess mattresses and or beds left in hallways could result in State health and safety agency citations.

Management Corrective Actions:

1. Storehouse management expects to have this resolved when the Jacobs tower is completed in 2016. At that time, there will be storage available for 21 extra beds.

2. Health System management will:

   a. Designate the responsibility for storing and transporting excess mattresses or beds to an adequately staffed unit.

   b. Require the management of the responsible unit to identify additional short term storage solutions to ensure that items are stored as required by regulations.

C. Soiled Linen and Trash Overflows

The absence of adequate trash and soiled linen removal systems, and inadequate storage for soiled linens created periodic overflows of those items, which was not compliant with regulations.

The State Department of Health Services has issued regulations to hospitals to provide guidance for clean linen inventory and soiled linen handling processes. Those regulations state in part:

Title 22 § 70825 (a)*(5): *Separate rooms shall be maintained in the hospital for storage of clean linen and for storage of soiled linen. Linen storage rooms shall not be used for any other purpose.

Title 22 § 70825(b)(1): *Soiled linen shall be handled, stored and processed in a safe manner that will prevent the spread of infection and will assure the maintenance of clean linen.*

To meet Title 22 requirements, the UC San Diego Health System contracted with Emerald Textiles (Emerald) to assist with linen management through the use of an exchange cart program. Emerald delivered clean linen exchange carts that were then delivered to seven patient care units by EVS staff each morning.

Because no soiled linen chutes were installed in the SCVC, soiled linens were removed by EVS staff multiple times daily; and transported via elevator to the first floor where they were placed in a soiled linen chute in Thornton Hospital. Soiled linens were then taken from the soiled linen chute collection area in the basement and deposited in the soiled linen storage area adjacent to the Thornton Hospital loading dock. The EVS Director stated that there have been several instances when soiled linens have overflowed that storage area during periods of high patient census because no additional storage space was dedicated to accommodate the increased volumes of soiled linens from the SCVC. Soiled linen overflows could spread infection. Additional soiled linen pickups by the contractor were scheduled when needed, but at an additional cost.

The EVS Director stated that it was against hospital policy for staff to leave used boxes and other similar items in the hallway beside the trash chutes. However, during our walk-through of the waste removal route, we observed this condition. The EVS staff member on site at that time advised us that materials were often discarded in the hallway. Because Thornton trash chutes were designed for waste from the main hospital only, the additional trash being generated by the SCVC and transported to the first floor trash chutes was creating overflows in that area. Keeping the space adjacent to patient care areas clear of discarded packaging and other items would require additional staffing to routinely round these areas and remove abandoned accumulations.

Management Corrective Action:

Health System management will require operations management to monitor hallways and the soiled linen storage area to assess the frequency of non-compliance with trash disposal policies; and soiled linen overflows to assist with determining the most appropriate remediation strategy.

D. Transport of Soiled Linen, Bio-hazardous Waste, Sharps, and Recycling

The current pathway for moving soiled linen, bio-hazardous waste, sharps and recycling could result in contamination.

Soiled linen from SCVC units was transported from patient care units to the first floor via service elevators. It was then moved to the Thornton Hospital side of the first floor, where it was transported to the basement level and consolidated with other soiled linen for pickup by Emerald. As noted in Finding A, SCVC bio-hazardous waste, sharps[2] and recycling were moved via the same route to basement level of Thornton Hospital and then transported to the bulk receptacles located behind the Hospital. The time and distance required to move these items from generation to storage created several opportunities for environmental contamination. The path of travel to the bio-hazardous waste bulk storage trailer required pushing carts across the road entrance/exit to the increasingly busy loading dock area. Pushing carts across roads used by large delivery vehicles and a variety of other smaller powered vehicles increased risk to the staff pushing carts and added to the foot traffic through this area.

Management Corrective Action:

Health System management will consider developing an alternative disposal process to reduce the likelihood of contamination.

E. Automated Doors

The manual doors in the main supply and product delivery and removal pathways in the Thornton Hospital basement did not contribute to a safe work environment.

The four sets of doors near the EVS and the loading dock were not automated. Supply bins and boxes and equipment came in through the same doors that EVS used to exit the facility. Since staff could be carrying bio-hazardous waste through the same doors that supply bins and boxes come in, there was increased risk of contamination when staff touched the doors when opening them.

Additionally, the risk of injury increased when staff attempted to maneuver large carts through doors while trying to hold the doors open.

[2] Sharps are devices or objects with corners, edges, or projections capable of cutting or piercing skin or regular waste bags. State and local laws regulate disposal of sharps to protect waste handlers from both physical and contamination hazards.

Management Corrective Action:

Health System management will consider installing automated doors in the main supply and equipment corridor in the Thornton Hospital basement to reduce the likelihood of cross-contamination.

Product Receiving & Delivery Systems – La Jolla Medical Center
Audit & Management Advisory Services Project 2012-27
Stand & Deliver Management Assessment 2010
Status Update and Residual Risk Indicator

Attachment A

Significant Gaps Identified by Management	Food and Nutritional Services (FNS)	Materiel Management	Environmental Services (EVS)	Residual Risk Indicator
No direct delivery pathway for food carts, supplies and equipment from service providers to patient care areas. (*Page 2: Stand and Deliver)*	The approved route for food carts was via the second floor atrium.	Supplies and equipment went out to units via the second floor atrium using the same route as used for food carts.	Clean linens were transported to the units via the same second floor atrium route.	
Increased usage in elevators located next to Central Supply and Receiving Dock may cause service delays. *(Page 3: Stand and Deliver)*	Not applicable.	There have not been any service delays since the Storehouse changed the service hours from 7:30 - 4 to12:30 - 9 PM.	Not applicable.	
Alternative routes when elevators are out-of-service could create more opportunities for visitor/patient contact. *(Page 3: Stand and Deliver)*	Not applicable.	The alternative delivery/pick-up route through the second floor Nursing Unit in Thornton West did not result in excessive visitor/patient contact.	The alternative delivery/pick-up route through the second floor Nursing Unit in Thornton West did not result in excessive visitor/patient contact.	
No existing process for removal of large items (salvage) *(Page 3: Stand and Deliver)*	Not applicable.	A unique pathway has not been identified for the removal of large items.	Not applicable.	 ***Discussed with department managements during the review process.***

 *Procedures are in place to address the risk.*  *Some facilities and/or procedures to address the risk, however additional remediation may currently be underway or is needed.*

 *Facilities are not sufficient or procedures are not in place or are not sufficient to address the risk.*

Product Receiving & Delivery Systems – La Jolla Medical Center
Audit & Management Advisory Services Project 2012-27
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Significant Gaps Identified by Management	Food and Nutritional Services (FNS)	Materiel Management	Environmental Services (EVS)	Residual Risk Indicator
Additional foot traffic in vehicular pathway in and around the receiving dock. *(Page 4: Stand and Deliver)*	Not applicable.	The Storehouse Manager stated foot traffic has continued to increase. During a site visit, AMAS noted a group of approximately 10 people meeting behind the loading dock area (this could have been part of the construction crew).	Vehicular traffic had increased due to more frequent trips by linen delivery trucks.	 ***Discussed with department managements during the review process.***
Increased traffic in patient care areas due to increased frequency of service rounds. *(Page 5: Stand and Deliver)*	Food carts have been redesigned and will be transported in tandem.	This will continue to be an issue.	This will continue to be an issue.	 ***(Discussed with management during the review process.)***
Slower response time for service providers due to longer routes. *(Page 5: Stand and Deliver)*	This was not an issue for FNS since patient meals were generally distributed on a set schedule.	This issue could not be addressed because the units that require service were physically far away. An exception was for items that were small enough to be transported via pneumatic tubes.	This issue could not be addressed because the units needing service were physically far away.	 ***(Issue addressed in Report Finding A)***

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Product Receiving & Delivery Systems – La Jolla Medical Center
Audit & Management Advisory Services Project 2012-27
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Shortage of medical supply storage space in ER and the Cardiac Catheter Laboratory. *(Page 5: Stand and Deliver)*	Not applicable.	The Cardiac Catheterization Laboratory included a new supply storage room. Medical supply storage for nursing units was increased by adding a storage unit in the hallway adjacent to the ER. However, staff time needed to move supplies from ER storage to nursing units had increased. The Storehouse has begun stocking a cart of high use/fast moving items to ensure there was an adequate supply on weekends. However, carts were not secured and were stored in hallways.	Not applicable.	 ***(Issue addressed in Report Finding A)***
No trash or linen chutes in SCVC. *(Page 2: Stand and Deliver)*	Not applicable.	Not applicable.	Clean linen carts were converted to soiled linen carts. All SCVC trash was moved to the first floor of the SCVC, routed via the hallway next to the Emergency Room (ER) and then to the basement via the Thornton Hospital trash chute where it was removed from the building. This process required additional EVS staff resources.	 ***(Issues addressed in Report Findings A & D)***

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Audit & Management Advisory Services Project 2012-27
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Deficient bio-hazardous waste storage. *(Page 2: Stand and Deliver)*	Not applicable.	Not applicable.	Bio-hazardous waste was moved from (1) the service point to (2) individual storage to (3) intermediate storage to (4) bulk storage. A waste disposal company removed the waste off- site for processing or neutralizing. With the exception of the surgical units, there was no intermediate waste storage in the SCVC. Therefore, the waste was transferred from the individual storage directly to bulk storage.	 ***(Issues addressed in Report Findings A & D)***
No identified storage/work area for broken beds. *(Page 4: Stand and Deliver)*	Not applicable.	There was no management solution for this issue. Bed repairs were completed in the hallway. Excess mattress storage was not available. Some excess mattresses were left on a gurney in the basement hallway. Beds were stored in the hallways.	Not applicable.	 ***(Issue addressed in Report Finding B)***
Current space deficiencies in Thornton and the SCVC will result in supplies and equipment being stored in hallways. *(Page 2: Stand and Deliver)*	Not applicable.	The addition of a storage trailer on the Thornton loading dock to store equipment allowed Storehouse management to use the designated equipment room in the basement to store supplies. SCVC Nursing units 3A, 4A and 4B provided some additional supply storage. These additional storage solutions prevented supplies from being stored in hallways.	Not applicable.	 ***(Issue addressed in Report Finding B)***

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No identified storage for beds, mattresses, commodes (ward equipment pool). *(Page 4: Stand and Deliver)*	Not applicable.	Extra mattresses had to be stored in hospital basement hallways to ensure availability.	Not applicable.	 ***(Issue addressed in Report Finding B)***
No aggregation locations for trash and linen for transport to chutes. *(Page 6: Stand and Deliver)*	Not applicable.	Not applicable.	Trash from the SCVC was transported to first floor of Thornton Hospital for disposal in the trash chutes.	 ***(Issue addressed in Report Finding C)***
Lack of space for clean linen staging. *(Page 2: Stand and Deliver)*	Not applicable.	Not applicable.	Emerald Textile delivered linen carts to the hospital daily, EVS personnel transferred clean linen to the units.	 ***(Issue addressed in Report Finding C)***

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Significant Gaps Identified by Management	Food and Nutritional Services (FNS)	Materiel Management	Environmental Services (EVS)	Residual Risk Indicator
No clear separation of clean and soiled routes for supplies and equipment. *(Page 3: Stand and Deliver)* Cannot have clean and soiled present in the same elevator. *(Page 5: Stand and Deliver)* Cannot have clean and soiled items inhabiting the same hallway. *(Page 6: Stand and Deliver)*	The approved return route for food carts was via the first floor atrium. FNS was permitted to transport soiled trays via the second floor during the Thornton Café remodel. *We noted that to accommodate the new cook-chill trays, tray carts were sealed during transportation and cross-contamination is not an issue.*	Storehouse items are generally clean when delivered to the units and they are rarely returned. Occasionally, excess clean supplies may be returned to storage. Because supply bins were empty when being returned to the Storehouse, this was not an issue to be addressed.	The second floor of the SCVC was utilized for clean deliveries, and the first floor of the SCVC was utilized for transport of soiled items. <u>Linens</u>: Soiled linens were transported to the first floor of the SCVC, and then to Thornton Hospital, down the service elevators and out of the building via the Thornton basement. <u>Trash</u>: Because there were no trash chutes in the SCVC, trash was transported to the Thornton Hospital for disposal down the trash chutes and into the bulk waste containers in the hospital basement. A contracted waste management company removed bulk waste.	  ***(Issue referenced in Report Finding D)***  ***(Issue referenced in Report Finding D)***
No auto-doors in main supply and equipment corridor in basement. *(Page 6: Stand and Deliver)*	Not applicable.	The doors to the EVS and the loading dock were not automated.	The doors to the EVS and the loading dock were not automated.	 ***(Issue addressed in Report Finding E)***

 *Procedures are in place to address the risk.*  *Some facilities and/or procedures to address the risk, however additional remediation may currently be underway or is needed.*

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