

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

<p>1. LICENSEE/LOCATION INSPECTED:</p> <p>Community Health Network, Inc. 1500 N Ritter Ave. Indianapolis, IN 46219</p> <p>REPORT NUMBER(S) 2018001</p>	<p>2. NRC/REGIONAL OFFICE</p> <p>Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352</p>
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<p>3. DOCKET NUMBER(S)</p> <p>030-01625</p>	<p>4. LICENSE NUMBER(S)</p> <p>13-06009-01</p>	<p>5. DATE(S) OF INSPECTION</p> <p>April 2-3 , 2018</p>
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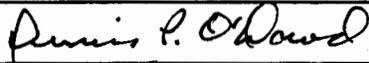
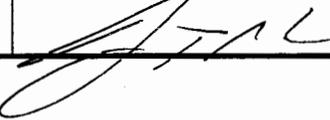
LICENSEE:
The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

- 1. Based on the inspection findings, no violations were identified.
- 2. Previous violation(s) closed.
- 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

_____ Non-cited violation(s) were discussed involving the following requirement(s):
- 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Dennis P. O'Dowd		04/03/18
BRANCH CHIEF	Aaron T. McCraw		4/23/18

Docket File Information
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<p>6. INSPECTION PROCEDURES USED</p> <p>87131, 87132</p>	<p>7. INSPECTION FOCUS AREAS</p> <p>All</p>
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SUPPLEMENTAL INSPECTION INFORMATION

<p>1. PROGRAM CODE(S)</p> <p>02240</p>	<p>2. PRIORITY</p> <p>2</p>	<p>3. LICENSEE CONTACT</p> <p>Erin C. Bell, MHP, RSO</p>	<p>4. TELEPHONE NUMBER</p> <p>(317) 355-5528</p>
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Main Office Inspection Next Inspection Date: 04/02/2020

Field Office Inspection All 5 Addresses of Use locations inspected;

Temporary Job Site Inspection See below -

PROGRAM SCOPE

This was an unannounced, routine inspection of a regional health system authorized to use licensed material permitted by Sections 35.100, 35.200, 35.300, 35.400, Ir-192 in HDR, and Y-90 microspheres. The licensee conducted licensed activities at five facilities in the Indianapolis metropolitan area. At the time of the inspection, each of Community Health's (CH) hospitals (East, North and South) maintained a nuclear medicine department which performed 5-10 diagnostic administrations daily, and I-131 therapies (~5 procedures per year at CH East, ~60 procedures per year at CH North, and ~20 procedures per year at CH South). The Cancer Center (CC) adjacent to CH South, and the new Cancer Center adjacent to CH North, each maintained a nuclear medicine department, which performed 5-6 PET scans daily using F-18. The CH South CC and CH East also performed occasional Ra-223 Xofigo administrations, (around 20-25 treatments annually). All three hospitals were authorized for Y-90 microspheres; of these, CH North administered 3-4 per month, CH South administered 3-4 per year, and no Y-90 administrations were made at CH East since 2016. The radiation oncology department at CH East performed around 20 prostate and GYN treatments using HDR each month, and maintained the licensee's DU and Am-241 sealed source in storage. The licensee has not performed any manual brachytherapy procedures since prior to 2013.

PERFORMANCE OBSERVATIONS

The inspector toured CH East, CH North, CH South, the CH South CC, and the new CH North CC to evaluate the licensee's measures for materials security, hazard communication and exposure control. The inspector observed one HDR prostate treatment, and several diagnostic studies, including a PET scan at the CH North CC. With the exception of the one HDR treatment, no other therapeutic procedures involving sealed or unsealed sources were conducted by the licensee at the time of the inspection. The inspector observed, and the licensee's staff demonstrated and discussed, various procedures, including package receipt, instrument quality control, daily/weekly area surveys, waste handling, and spill response in nuclear medicine; planning and administration for therapeutic procedures, and HDR spot checks and full calibrations, treatment planning, and emergency response in radiation oncology. Licensee staff demonstrated the implementation of licensee procedures for Sir-Sphere treatment planning and administration.

(Cont'd in Part 2)

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(Continued)
(Cont'd from Part 3)

The inspector performed independent and confirmatory radiation measurements which indicated results consistent with licensee survey records and postings. The inspector also reviewed a selection of relevant records, including routine nuclear medicine records, quarterly department audits, RSC meeting minutes, dosimetry, hazmat and HDR emergency response training, HDR spot checks and full calibrations, written directives and treatment verifications for I-131, Xofigo, microsphere and HDR treatments, and dosimetry records. The review of dosimetry records indicated no exposures of regulatory concern.

No violations were identified as a result of this inspection.