NRC FORM 591M PART 1
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
SSM Regional Health Services d/b/a/ SSM Health St. Mary's Hospital - Jefferson City 2505 Mission Dr. Jefferson City, Missouri 65109 REPORT NUMBER(S) 2021001	Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-12819	24-17477-01	September 9-14, 2021

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 violations(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)

Closed NMED #180490 / EN 53705

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	Geoffrey Warren, Sr. HP	Geoffrey M. Warren Digitally signed by Geoffrey M. Warren Date: 2021.09.23 12:18:56 -05'00'	
BRANCH CHIEF	Michael Kunowski	Michael A. Kunowski Digitally signed by Michael A. Kunowski Date: 2021.09.23 12:44:31 -05'00'	

Warren, Geoffrey

From: Warren, Geoffrey
Sent: Thursday, September 23, 2021 12:48 PM
To: 'Ken Wohlt'
Cc: 'Gerstner, Sarah'; 'Higgins, Susan'; 'Sipho, Amber'
Subject: NRC Inspection Report
Attachments: SSM RHS - 591MsigMK3.pdf

Enclosed is the inspection report for the NRC's inspection performed August 9-14, 2021, at your hospital in Jefferson City, Missouri. No violations were identified as the result of the inspection, and the violation from the previous inspection was closed. No response is required to the report or to this email.

Please contact me if you have any questions.

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Geoffrey Warren
Senior Health Physicist (Inspector)
NRC Region III, Lisle, IL
630-829-9742

NRC FORM 592M
(10-2020)

U.S. NUCLEAR REGULATORY COMMISSION

Materials Inspection Record

1. Licensee Name:	2. Docket Number(s):	3. License Number(s)
SSM Regional Health Services	030-12819	24-17477-01

4. Report Number(s):	5. Date(s) of Inspection:
2021001	September 9-14, 2021

6. Inspector(s):	7. Program Code(s):	8. Priority:	9. Inspection Guidance Used:
Geoffrey Warren, Sr. HP	02230	2	IP 87131, 87132

10. Licensee Contact Name(s):	11. Licensee E-mail Address:	12. Licensee Telephone Number(s):
Kenneth Wohlt, M.S., RSO	Ken.Wohlt@physics1.com	Office 573-635-2282 Cell 573-680-6566

13. Inspection Type:	14. Locations Inspected:	15. Next Inspection Date (MM/DD/YYYY):
☐ Initial ☑ Routine ☑ Announced ☐ Non-Routine ☐ Unannounced	☑ Main Office ☑ Field Office ☐ Temporary Job Site ☑ Remote	09/09/2023 ☑ Normal ☐ Extended ☐ Reduced ☐ No change

16. Scope and Observations:

This was an announced routine inspection performed remotely. The licensee was a 167-bed hospital facility located in Jefferson City, Missouri, with authorization to perform diagnostic and therapeutic nuclear medicine procedures as well as a high dose rate (HDR) remote afterloader. The owner of the hospital was looking for a buyer; the RSO and licensee management were aware of the requirement to get NRC approval prior to a change in ownership of the license. The inspector reviewed activities performed at 2505 Mission Dr. and 1241 Stadium Blvd. in Jefferson City, Missouri.

The nuclear medicine department, located in the main hospital at the Mission Dr. address, was staffed with one full-time nuclear medicine technologist and one part-time technologist who filled in as needed. The licensee's nuclear medicine staff typically administered 80 diagnostic doses monthly, predominately technetium-99m cardiac stress, bone, and hepatobiliary imaging procedures, with occasional other procedures. The staff had performed one I-131 therapy procedure, a hyperthyroid procedure, since the previous inspection. The department received daily unit doses and bulk technetium-99m from a licensed nuclear pharmacy. Procedures for kit preparation using the bulk technetium had been revised in accordance with USP 825 requirements. All waste was either held for decay-in-storage (DIS) or returned to the radiopharmacy.

The radiation oncology department, located in the cancer center at the Stadium Blvd. address, was staffed with two physician authorized users, six medical physicists from a supporting physics group, and two radiation therapists. The radiation therapy staff performed occasional breast cancer HDR procedures, but had not performed any such procedure since August 2019. The licensee had desourced the HDR unit in 2020, but recently resourced the unit with hopes of restarting the program.

Performance Observations: During the inspection, the licensee's nuclear medicine staff demonstrated morning hot lab checks; dose preparation, administration, and disposal; daily survey technique; and daily HDR checks, and described I-131 and HDR therapy procedures; kit preparation; program auditing and oversight procedures; and other procedures. The inspector identified no concerns with these activities. No procedures were performed during the time of the inspection. The inspector reviewed written directives for I-131 and HDR therapy procedures, and identified no concerns. Interviews with licensee personnel indicated adequate knowledge of radiation safety concepts and procedures. Review of radiation dosimetry records indicated no exposures of concern. Review of Radiation Safety Committee minutes indicated good attendance and discussion of appropriate topics. Licensee survey records were consistent with postings, though the inspector was unable to perform confirmatory surveys because the inspection was performed remotely.

Materials Inspection Record (Continued)

The inspector reviewed an event the licensee had reported in August 2018 (NMED #180490 / EN 53705). In this event, a limited-quantity (non-labeled) package containing licensed material was delivered to the bio-med department instead of the nuclear medicine department. Licensee staff reported the missing package to the NRC's Headquarters Operations Center, then retracted the report when the material was found secured at bio-med. The licensee took corrective actions to ensure that licensed material is properly delivered in the future, including revising procedures for ordering and receiving licensed materials and training affected personnel on the revised procedures. No violations were identified concerning this event.

During the previous inspection (IR 2018001), the licensee was cited for the failure for nuclear medicine personnel to wear assigned dosimetry while administering licensed materials. During this inspection, the inspector observed that licensee staff were wearing assigned dosimetry, licensee management stated that they observe staff on rounds to ensure that dosimetry is being worn, and the inspector reviewed documentation showing that the licensee took the corrective actions described to the previous inspector. Based on this, the violation is closed.

No violations were identified as a result of this inspection.