

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001176	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2013
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NAME OF PROVIDER OR SUPPLIER THE CENTRE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 611 E DOUGLAS RD STE 108 MISHAWAKA, IN 46545
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S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 012450</p> <p>Survey Date: 7/8/2013 & 7/9/2013</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 08/07/13</p>	S000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S001180	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(1)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(1) A review of safety functions by a committee appointed by the chief executive officer that includes representatives from administration and patient care services.</p> <p>Based on document review and staff interview, the facility failed to show evidence of an appointed safety committee.</p> <p>Findings:</p> <p>1. Document review on July 9, 2013 at 9am showed a lack of evidence of an ongoing safety review committee. Document review on July 9, 2013 at 9am indicated review of safety issues on a document titled Environment of Care Meeting Minutes May 29, 2012. No other documentation of safety committee meeting information was presented prior to survey exit.</p> <p>2. Document review on July 9, 2013 at 9am indicated a document showing composition and appointment of a safety committee dated July 9, 2013. No other documentation of safety</p>	S001180	<p>Upon notification from the state surveyors that an ongoing safety committee needed to be formed, the executive director appointed five staff members to the safety committee and first meeting was scheduled for 8/5/2013. Meetings will be held quarterly and scheduled along with quarterly governance meetings in order to prevent a lapse in meetings from occurring again. The director of surgical services will be responsible for scheduling these meetings and the documentation of the minutes for each meeting.</p>	07/09/2013	

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S001182	<p>committee information was presented prior to survey exit.</p> <p>3. Interview with Employee #A2 on July 9, 2013 at 11am verified the information above from document review and further indicated the facility had no ongoing safety committee in place.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(2)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(2) An ongoing center-wide process to evaluate and collect information about hazards and safety practices to be reviewed by the committee.</p> <p>Based on document review and staff interview, the facility failed to show evidence of an ongoing safety management plan.</p> <p>Findings:</p> <p>1. Document review on July 9, 2013 at 9am indicated review of safety issues on a document titled Environment of Care Meeting Minutes May 29, 2012.</p>	S001182	Due to a change in LLC management the safety committee that was formed in February 2012 and the Safety Plan that had been instituted had not been followed through. Upon being informed of this oversight by ISDH surveyors on July 9, 2013 a new safety committee was appointed and this committee's initial Safety Committee meeting was held on 8/5/2013. Topics covered	08/05/2013			

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S001184	<p>No other documentation of safety committee meeting information was presented prior to survey exit.</p> <p>2. Document review on July 9, 2013 at 9am indicated a document showing composition and appointment of the safety committee dated July 9, 2013. No other documentation of safety plan was presented prior to survey exit.</p> <p>3. Interview with Employee #A2 on July 9, 2013 at 11am verified information of the above documentation reviewed and further indicated the facility did not have a safety plan in place.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 2.5-7(c)(3)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(3) The safety program includes, but is not limited to, the following:</p> <p>(A) Patient safety. (B) Health care worker safety. (C) Public and visitor safety. Based on document review and staff</p>	S001184	included: Patient safety, Healthcare workers safety, Visitor safety and Fire drills. The director of surgical services will be responsible for taking suggestions from staff involving safety related concerns to the safety committee quarterly scheduled meetings. The meetings will be held in conjunction to the quarterly governance meeting to prevent this deficiency from recurring in the future. Initial Safety Committee Meeting	08/05/2013			

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	<p>interview, the facility failed to provide a safe environment to patients, health care workers, and visitors by lack of evidence of an ongoing safety management program.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Document review on July 9, 2013 at 9am indicated review of safety issues on a document titled Environment of Care Meeting Minutes May 29, 2012. No other documentation of safety committee meeting information was presented prior to survey exit. 2. Document review on July 9, 2013 at 9am indicated a document showing composition and appointment of the safety committee dated July 9, 2013. No other documentation of safety committee meeting information was presented prior to survey exit. 3. Interview with Employee #A2 on July 9, 2013 at 11am verified information of the above documentation reviewed and indicated a failure to provide for patient, health care worker, and visitor safety. 		<p>held on 8/5/2013. Topics covered included: Patient safety, Healthcare workers safety, Visitor safety and Fire drills. The director of surgical services will be responsible for taking suggestions from staff related to safety to the safety committee quarterly scheduled meetings, review of current safety policies and procedures and review of all incidences where patient, staff or visitor safety was jepordized. The ongoing safety management program will include quarterly meetings and fire drills and annual review of the safety program. The meetings will be held in conjunction to the quarterly governance meeting to prevent this deficiency from recurring in the future.</p>		

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S001188	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(4)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(4) A written fire control plan that contains provisions for the following:</p> <p>(A) Prompt reporting of fires. (B) Extinguishing of fires. (C) Protection of patients, personnel, and guests. (D) Evacuation. (E) Cooperation with firefighting authorities. (F) Fire drills.</p> <p>Based on document review and staff interview, the facility failed to show documentation of evidence of regular quarterly fire drills.</p> <p>Findings:</p> <p>1. Document review on July 9, 2013 at 10:30am indicated fire drills were held on January 27, 2012; August 17, 2012; and October 23, 2012. No other documentation of fire drill information was presented prior to survey exit.</p> <p>2. Document review on July 9, 2013 at 10:45am of a document titled Fire Safety in Perioperative Settings, which</p>	S001188	<p>Initial Safety Committee Meeting held on 8/5/2013. Topics covered included: Patient safety, Healthcare workers safety, Visitor safety and Fire drills. The director of surgical services will be responsible for taking suggestions from staff related to safety to the safety committee quarterly scheduled meetings. The meetings will be held in conjunction to the quarterly governance meeting to prevent this deficiency from recurring in the future. With each quarterly meeting a fire drill will be held or an unannounced fire drill will be scheduled to ensure that a fire drill occurs once each quarter. The director of surgical services along with the assistance of director of administration will</p>	08/05/2013			

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	<p>was presented as the facility's safety plan, indicated "Departmental-specific fire drills will occur quarterly...".</p> <p>3. Interview with Employee #A1 on July 9, 2013 at 11am verified information of the above documentation reviewed and indicated the facility was not conducting regular quarterly fire drills.</p>		<p>ensure that documentation including names of staff members in attendance of fire drills will be maintained.</p>		