

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001155	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/06/2013
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NAME OF PROVIDER OR SUPPLIER MEMORIAL SPINE AND NEUROSCIENCE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 100 NAVARRE PL STE 4405 SOUTH BEND, IN 46601
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S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005633</p> <p>Survey Date: 8/5/2013 & 8/6/2013</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Deborah Franco, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 08/13/13</p>	S000000	<p>Please know that the surveyors, Ms. ReBecca Lair and Ms. Deborah Franco were very thorough, and incredibly helpful. We appreciate the information and feedback we received from them.</p>	

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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S000404	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(b)</p> <p>(b) The center shall maintain a written, active, and effective center-wide infection control program. Included in this program must be a system designed for the identification, surveillance, investigation, control, and prevention of infections and communicable diseases in patients and health care workers.</p> <p>Based on document review and interview, the facility failed to maintain an effective Infection Control Committee in one instance related to the facility tuberculosis prevention program.</p> <p>Findings included:</p> <p>1. Facility policy "Employee Health", last reviewed/revised 3-18-2013, provided on page 4, B "All employees with a negative TB skin test must have an annual TB skin test."</p> <p>2. During review of personnel records on 8-5-2013 with S1, the following was documented in the personnel records of P1, P2, and P4: a. P1's had documented history of negative TB skin tests since hire at the ASC with last tuberculosis skin test in October 2011.</p>	S000404	<p>1. In regard to the Center's policy for Employee Health, this policy was updated 8/21/13 to reflect how the Center is currently addressing TB skin testing. This revised policy has been submitted to the member's of the Medical Executive Committee and the Infection Control Committee for approval at the 9/11/13 meeting. (see attached agenda and policy)2. As our policy has changed and been updated, any new TB Testing will be completed upon hire and/or when symptoms are reported. Staff will complete yearly Computer Based Learning modules to review the signs an symptoms of TB.3. We have obtained copies of the yearly reports that Memorial Hospital of South Bend has gathered to help track the data regarding risk factors in this area. These reports will be submitted for review and approval by the Infection Control Committee at the 9/11/13 meeting. (see</p>	08/23/2013			

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	<p>b. P2's had documented history of negative TB skin tests since hire at the ASC with last tuberculosis skin test in October 2011.</p> <p>c. P4's had documented history of negative TB skin tests since hire at the ASC with last tuberculosis skin test in October 2011.</p> <p>3. Review of the Infection Control Committee meeting minutes from 2011, 2012, and first 2 quarters of 2013 with S1 and S2 on 8-6-2013 at 10 AM indicated the minutes lacked documentation of any data related to incidence of tuberculosis (TB) in the community; a determination that the facility was a "Low Risk" facility per CDC guidelines; discussion of the facility TB prevention program, policies, and procedures; or recommendations in relation to the facility policies and procedures regarding TB prevention and employee health requirements.</p> <p>4. During interview with S2 on 8-6-2013 at approximately 10:00 AM, S2 indicated:</p> <p>a. the facility follows CDC guidelines for its Infection Control Program.</p> <p>b. the Infection Control policies were most recently approved 3-18-2013.</p> <p>c. since the facility opened in 2007 the</p>		<p>attached)4. e. Please see item #1above. f. - i. Please see item #3 above. f. - ii. As we are closely aligned with Memorial Hospital, discussion regarding the use of Memorial's Data will be addressed at the scheduled 9/11/13 Infection Control Committee Meeting. If Committee, after reading the report obtained from Memorial Hospital Infection Control, feel it necessary for the Spine Center to complete an independant survey, then the Center will move forward with an independant survey. f. - iii. As stated in item #1, the Infection Control Committee will review the revised policy regarding Employee Health, as well as the revised Post-Job Offer policy that addresses the 2-step TB testing at the scheduled 9/11/13 meeting.</p>				

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	<p>facility policy was to require a 2 step TB skin test for new hires lacking documentation of a negative skin test within 12 months and thereafter to require annual TB skin testing of eligible employees (non positive responders).</p> <p>d. in October 2011, the Infection Control Specialist from the Hospital adjacent to the ASC attended the Infection Control Committee meeting of this facility and indicated the Hospital had ceased performing annual TB skin testing of eligible (non-positive responders) Hospital employees based on the Hospitals determination that it was a "Low Risk" facility per CDC guidelines.</p> <p>e. since October 2011, the facility has not required annual TB skin testing of its employees but the Employee Health Policy was not revised to indicate this change.</p> <p>f. the Infection Control Committee did not:</p> <p style="padding-left: 20px;">i. obtain or review the data referenced by the Hospital's Infection Control Specialist that was the basis of the Hospital's determination of Low Risk category for TB and cessation of annual TB skin testing of Hospital employees.</p> <p style="padding-left: 20px;">ii. perform its own risk assessment for TB specific to this facility and</p>			

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	<p>submit the evidence to its Infection Control Committee for discussion, review, and recommendation of actions including a determination of the facility TB risk category; review/revision of facility policies and procedures relating to employee health, TB prevention, and staff education of reportable signs and symptoms of TB which may indicate exposure to TB; or determination of an appropriate interval to review the facility's risk level determination for appropriateness based on TB incidence reports for their community.</p> <p>iii. confirmed the findings above regarding lack of annual TB skin testing of P1, P2 and P4 since October 2011; confirmed lack of any Infection Control Committee meeting minutes in 2011, 2012, or 2013 recommending changes in facility policies and procedures in relation to TB; and confirmed lack of education provided to its employees since October 2011, when annual TB skin testing was discontinued, regarding signs and symptoms of TB which may indicate exposure to TB and therefore should be reported to a supervisor.</p> <p>iv. The Infection Control Committee should have taken action in</p>			

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	its meetings recommending changes to its TB prevention program in October 2011.			