

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001007	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/13/2014
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NAME OF PROVIDER OR SUPPLIER SOUTH BEND CLINIC & SURGICENTER THE	STREET ADDRESS, CITY, STATE, ZIP CODE 211 N EDDY ST SOUTH BEND, IN 46617
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S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005388</p> <p>Survey Date: 05/12/2014 & 05/13/2014</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 06/03/14</p>	S000000		
S000156	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (E)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(E) Maintenance of current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on a job description, for each employee providing direct patient care or support services, including contract and agency personnel, who are not subject to a clinical privileging process.</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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	<p>Based on document review, personnel record review, and personnel interview, the executive officer failed to ensure the maintenance of current job descriptions for 2 of 2 (P1 and P2) personnel records reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Job description titled, "Infection Control Officer" was reviewed on 5/13/14 at approximately 1:59 PM." 2. New Hire Checklist was reviewed on 5/13/14 at approximately 1:57 PM, and indicated under Ensure Documents in File section, "Position Description." 3. Review of personnel records on 5/13/14 at approximately 9:30 AM, indicated: <ol style="list-style-type: none"> A. P1 took over duties as Infection Control Officer on 4-5-14 and lacked job description titled "Infection Control Officer" in their personnel file. B. P2 took over interim duties as Infection Control Officer on 5-1-14 and lacked job description titled "Infection Control Officer" in their personnel file. 4. Personnel P1 was interviewed on 5/13/14 at approximately 10:07 AM and confirmed recently (April, 5 2014) took over duties of the infection control 	S000156	<ol style="list-style-type: none"> 1. The deficiency was corrected by the implementation of policy "Maintenance of Job Descriptions". The policy was approved by the Medical Executive Committee on June 12th, 2014. Policy attached. 2. In the event of a vacancy, to prevent any future deficiencies, the Charge Nurse will fulfill the duties of the Infection Control Officer until a staff person is designated. This is acknowledged in the signed job description for the Charge Nurse dated June 9th, 2014. 3. The SurgiCenter Director and or Charge Nurse will be responsible for the oversight and the Charge Nurse will verify that the duties are fulfilled. The job descriptions will be maintained according to policy. 	06/12/2014	

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S000408	<p>program and do not have a job description related to new infection control duties and/or designation in personnel file as required by New Hire Checklist.</p> <p>5. Personnel P2 was interviewed on 5/13/14 at approximately 10:39 AM and confirmed recently (April, 5 2014) took over interim duties of the infection control program and do not have a job description related to new infection control duties and/or designation in personnel file as required by New Hire Checklist.</p> <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(d)</p> <p>(d) The center shall designate a person qualified by training or experience as responsible for the ongoing infection control activities and the development and implementation of policies governing control of infections and communicable diseases. Based on policy and procedure review, document review, personnel record review, and personnel interview, the facility failed to ensure that its infection control program is under the direction of a qualified professional with training in infection control for 2 of 2 (P1 and P2) personnel records reviewed.</p>	S000408	<p>1. On 5/20/14 Ms. Kim Snyder RN was appointed by the Quality Assurance and Medical Executive Committee as the Infection Control Officer of the surgery center. 2. A signed job description for the Infection Control Officer, dated 5/20/14, was received from Kim Snyder RN and was placed in her employee file. 3. Kim Snyder RN</p>	05/20/2014	

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	<p>Findings:</p> <p>1. Policy titled "Infection Control Plan", revised/reapproved 2014, was reviewed on 5/13/14 at approximately 1:52 PM, and indicated on pg. 4, under Procedure section, point 9., "Personnel should demonstrate competence in the prevention of transmissible infections. Initial education will take place during orientation according to the Occupational Safety and Health Administration regulations and updated annually."</p> <p>2. Job description titled, "Infection Control Officer" was reviewed on 5/13/14 at approximately 1:59 PM, and indicated on pg. 2, under section j. Education and training, "a. Participates in orientation programs and required annual education programs."</p> <p>3. Review of personnel records on 5/13/14 at approximately 9:30 AM, indicated:</p> <p>A. P1 took over duties as Infection Control Officer on 4-5-14 and lacked documentation of infection control training.</p> <p>B. P2 took over interim duties as Infection Control Officer on 5-1-14 and lacked documentation of infection control training.</p>		<p>logs her hours dedicated in Infection Control and maintains them in the Charge Nurse's Office. 4. Ms. Snyder is a member of AORN and APIC. 5. Ms. Snyder has documentation of training. This includes: a. Using a 7-step Bundle approach for the Prevention of Surgical Site Infections. b. 2013 International Infection Prevention Week Presents: Global Hand Hygiene. c. Ms. Snyder is acquiring her certification from CPIC (Certification Board of Infection Control and Epidemiology) 6. The SurgiCenter Director and or Charge Nurse are responsible for the oversight and the Charge Nurse is responsible for verifying duties are fulfilled.</p>				

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S001182	<p>4. Personnel P1 was interviewed on 5/13/14 at approximately 10:07 AM and confirmed no documented proof of infection control training in personnel file and recently (April, 5 2014) took over duties of the infection control program. Have not been informed of how many hours will be expected of P1 to direct the infection control program. Education and training is is required per facility policy and procedure and Infection Control Officer job description.</p> <p>5. Personnel P2 was interviewed on 5/13/14 at approximately 10:39 AM and confirmed no documented proof of infection control training in personnel file and recently (April, 5 2014) took over interim duties of the infection control program. P2 believes they will be expected to spend approximately 8 hours per week to direct the infection control program. Have no documentation of hours spent per week at this time. Education and training is is required per facility policy and procedure and Infection Control Officer job description.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(2)</p>			

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	<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 interview, the hospital failed to designate a safety officer responsible for the safety program and, thereby, failed to show evidence of an ongoing center-wide process of evaluation and collection of information as related to hazards and safety management.</p> <p>Findings:</p> <p>1. Document review on May 13, 2014 at 11:30am with Employee #A1, indicated:</p> <p>a. facility policy "Safety Officer" stated that the Quality Assurance Committee appoints the safety officer.</p> <p>b. facility policy "Safety Management Plan" stated that the Quality Assurance Committee has appointed a safety officer to coordinate and oversee the Environment of Care functions of this facility.</p> <p>c. facility policy "Ambulatory Care Services Safety" ..."to provide a safe</p>	S001182	<p>1. On 5/20/14 Diana Laidlaw, RN was appointed Safety Officer by the Quality Assurance Committee. 2. To prevent the deficiency from recurring the Charge Nurse is responsible for the interim coverage for the Safety Officer in the event there is a vacancy. This is acknowledged in the signed job description for the Charge Nurse. 3. The SurgiCenter Director and or Charge Nurse are responsible for the oversight of the program. 4. The Organizational Chart is provided for review.</p>	05/20/2014			

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	<p>environment for staff, patients, and visitors...the Surgery Center Director and/or Charge Nurse is responsible for notifying the safety officer in case of any safety hazard."</p> <p>2. The organization chart indicated no safety officer. No documentation of appointment of a safety officer was presented by the time of survey exit.</p> <p>3. On May 13, 2014 at 11:30am, upon interview, Employee #A1 indicated no safety officer had been appointed.</p>				