

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/24/2012
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NAME OF PROVIDER OR SUPPLIER WHITE OAK SURGERY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1950 45TH STREET MUNSTER, IN 46321
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005605</p> <p>Survey Date: 04/23 & 24/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Karilyn Tretter, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 05/10/12</p>	S0000		

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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S0442	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(viii)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p> <p>(E) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(viii) An employee health program to determine the communicable disease history of new personnel as well as an ongoing program for current personnel as required by state and federal agencies.</p> <p>Based on personnel file review and interview, the infection control committee failed to ensure that TB/PPD test administration times were being documented to determine that the tests were being read 48-72 hours after administration for 4 of 7 (E#1, E#2, E#4, and E#7) ASC nursing personnel.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 4/23/12 at 1600, reviewed personnel files for 6 RNs and 1 Surgical Technologist employed by the ASC. The TB/PPD documentation sheets for E#1, E#2, E#4, and E#7 did not include times of administration or times of reading of the TB/PPD tests. On 4/23/12 at 1630, interview with the CEO/Director of Nursing confirmed that there were dates of administration and dates 	S0442	To: Indiana State Department of Health From: White Oak Surgery Center Subject: Plan of Correction S 0442 At the time of the survey, 4/24/12, our form for documentation of TB/PPD test administration was corrected and presented to our surveyors. The corrected form includes dates and times of administration as well as dates and times of result documentation. Please see attached form.	04/24/2012

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	of reading of the PPD tests, but no times documented for the 4 employees.				