

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150133	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/29/2015
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NAME OF PROVIDER OR SUPPLIER  KOSCIUSKO COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 E DUBOIS DR WARSAW, IN 46580
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S 0000  Bldg. 00	<p>This visit was for the investigation of two State complaints.</p> <p>State complaint IN00188949 Unsubstantiated, lack of sufficient evidence.</p> <p>State complaint IN00177280 Substantiated; no deficiencies related to allegations are cited. Deficiencies unrelated to the allegations are cited.</p> <p>Date of Survey: 12/28/15 and 12/29/15</p> <p>Facility Number: 005113</p> <p>QA: cjl 01/04/16</p>	S 0000		
S 0102  Bldg. 00	<p>410 IAC 15-1.2-1 COMPLIANCE WITH RULES 410 IAC 15-1.2-1 (a)</p> <p>(a) All hospitals shall be licensed by the department and shall comply with all applicable federal, state, and local laws and rules.</p> <p>Based on document review and interview, the facility failed to follow IC (Indiana Code) regarding a check of the health aide registry for 2 of 2 registration clerks hired in 2014 and 2015, staff members N1 and N2.</p>	S 0102	<p>1.The deficiency has been corrected the Human Resource Director has implemented process to checkthe health aid registry prior to hire on all new registration clerks.</p> <p>2.The Human Resource Director has evaluated all positions to determine if the</p>	12/30/2015

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>Findings Include:</p> <p>A. Review of IC 16-28-13-4, reads in Sec. 4. (a): Except as provided in subsection (b), a person who: (1) operates or administers a health care facility; or (2) operates an entity in the business of contracting to provide nurse aides or other unlicensed employees for a healthcare facility; shall apply within three (3) business days from the date a person is employed as a nurse aide or other unlicensed employee for a copy of the person's state nurse aide registry report from the state department and a limited criminal history from the Indiana central repository for criminal history information under IC 5-2-5 or another source allowed by law.</p> <p>B. Review of the job description for staff members N1 and N2 indicated the title was ECC (emergency care center) Registration Specialist, and that some "Essential Functions" included "Transport Duties" including, but not limited to: uses appropriate body mechanics when assisting patient in and out of chairs/wheelchairs/stretchers, establishes need for oxygen and demonstrates proficiency in the safe use of oxygen tanks...and in "Patient Safety", it reads: Demonstrates safe positioning and patient handling techniques.</p>		<p>health aidregistry needs to be completed on other employees.</p> <p>3.The Human Resource Director has added this to the new hire checklist to be completed forthe registration clerk positions.</p> <p>4.The Human Resource Director is responsible for monitoring all new registration staff monthlyfor completion of the health aid registry prior to hire. The Human Resource Director will report to the CQO any deficiencies.</p>	

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S 0296 Bldg. 00	<p>C. Review of the employee files for staff members N1 and N2 indicated these were lacking any documentation, or indication, that the state nurse aide registry was checked within 3 days of hire.</p> <p>D. At 11:25 AM on 12/29/15, interview with staff member #59, the HR (human resources) manager confirmed that:</p> <ol style="list-style-type: none"> <li>1. The nurse aide registry was not checked for N1 and N2 because they were not working/hired as CNAs (certified nursing assistants).</li> <li>2. It was thought that the registration clerks did not need to have the nurse aide registry checked.</li> <li>3. It was confirmed that the job description for registration clerks does include hands on patient care responsibilities and possibilities, as a nurse aide might perform.</li> </ol> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following:</p> <p>(2) Appoint a qualified chief executive officer who is delegated</p>			

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S 0318 Bldg. 00	<p>the authority and responsibility for managing the hospital and report to the division the name of the chief executive officer within ten (10) days after the appointment.</p> <p>Based on interview, the facility failed to ensure that the designation of a new CEO (chief executive officer) was reported to the ISDH (Indiana State Department of Health) within 10 days of the approval by the Governing Board.</p> <p>Findings Include: At 4:10 PM on 12/28/15, interview with staff member #50, the Chief Quality Officer, confirmed that the Governing Board approved the new CEO in May 2015, with a start date for the new CEO of June/July, 2015. It was confirmed that this staff member did not know that the ISDH needed to be informed of the change in CEOs.</p> <p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(F)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (F) Ensuring cardiopulmonary resuscitation (CPR) competence in</p>	S 0296	<p>1.The deficiency has been corrected by the CQO.</p> <p>2.The CQO emailed the ISDH Division Director of Acute Care to change the CEO name. The CQO changed the CEO email information on the ISDH portal.</p> <p>3.TheCQO is responsible for the oversight of changing the CEO contact informationwhen there is a change within 10 days of being appointed by the governing board.</p> <p>4.The CQO added this responsibility to the job description.</p>	12/29/2015	

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	<p>accordance with current standards of practice and hospital policy for all health care workers, including contract and agency personnel, who provide direct patient care. Based on document review and interview, the governing board failed to ensure that one of two registration clerks had completed CPR (cardio pulmonary resuscitation) certification after hire, as required per the job description (Staff member N1).</p> <p>Findings Include:</p> <p>A. Review of the Job Description for an ECC (emergency care center) Registration Specialist indicated in section 7., Patient Safety: in item f.: Must be or become certified in CPR and remain current.</p> <p>B. Review of the employee file for Registration Specialist N1 indicated this staff member was hired 2/16/15 and had no documentation in their file for CPR certification.</p> <p>C. At 11:30 AM on 12/29/15, interview with staff member #54, the director of registration, confirmed that staff member N1 lacked CPR certification, as required per the job description.</p>	S 0318	<p>1.The Deficiency has been corrected by the Registration Manager.</p> <p>2.The staff member N1 completed required CPR course on 12/30/2015.</p> <p>3.The Registration Manager has added the CPR requirement to Registration departmentorientation checklist.</p> <p>4.The Registration Manager will monitor all new employeesmonthly for completion of the CPR requirement within the first 90 days of hire. The Registration Manger will report any deficienciesto CQO.</p>	12/30/2015

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S 0330 Bldg. 00	<p>410 IAC 15-1.4-1 GOVERNING BOARD</p> <p>410 IAC 15-1.4-1(c)(6)(K)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(K) Maintaining personnel records for each employee of the hospital which include personal data, education and experience, evidence of participation in job related educational activities, and records of employees which relate to post offer and subsequent physical examinations, immunizations, and tuberculin tests or chest x-ray, as applicable.</p> <p>Based on document review and interview, the governing board failed to ensure that two of two registration clerks had completed education courses within their 180 days of hire, as required by the job description (staff members N1 and N2) and failed to ensure that the job description for maintenance staff included security position duties and responsibilities for one of one maintenance employee (staff member N3).</p> <p>Findings Include: A. Review of the job description for</p>	S 0330	<p>1. The registration deficiency will be corrected on 1/28/2016. The registration job description has been reviewed and revised to state will take ECC registration Basic Medical Emergency Course. 2. The two registration staff members N1 and N2 will take the required Basic Medical Emergency Course on 1/28/2016. If the course is not completed on this date, the staff member will not be allowed to work till course is completed. 3. The Registration Manager has added to the department specific orientation checklist the required</p>	01/29/2016

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	<p>ECC (emergency care center) Registration Specialist, indicated in the section: "Education and Formal Training Required", Completed a Certified Medical Assistant program or 1st Responder course with up to date certification, or experience in a healthcare setting and be able to obtain hospital certification for an ECC Responder within 180 days of employment.</p> <p>B. Review of the employee files for registration clerk N1, hired 2/16/15, and N2, hired 11/10/14, indicated there was no documentation of either having taken/completed a Certified Medical Assistant program or 1st Responder course since their dates of hire.</p> <p>C. At 11:30 AM on 12/29/15, interview with staff member #54, the director of registration, confirmed that staff members N1 and N2 had not completed the course(s) required by the job description, and that both were beyond the 180 day requirement.</p> <p>D. Review of the job description for Maintenance Mechanic I indicated there was nothing in the document that indicated a responsibility as security personnel when staff call an emergency code situation for security to respond to.</p>		<p>Basic Medical Emergency Course. 4. The Registration Manager will monitor all new registration staff monthly for completion of the course. The Registration Manager will report any deficiencies to the CQO .</p> <p>1. The Plant Operations Director has corrected the deficiency on 1/15/2015. 2. The Plant Operations Director has reviewed all job descriptions to determine if security duties need to be added to them. 3. The plant operations director has revised the current mechanic job description to include security duties. 4. An annual review of each job description will be reviewed by the Plant Operations Director.</p>		

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	<p>E. Review of the employee file for staff member N3, a mechanic/security employee hired 3/11/13, indicated there was no job description that explains the duties of a security person when called by staff for assistance in an emergency situation.</p> <p>F. Review of incident/security reports indicated that staff member N3 responded to an emergency situation in the ED (emergency department) at 3:30 AM on 7/1/15, when security staff were requested.</p> <p>G. At 2:15 PM on 12/29/15, interview with staff member #50, the chief quality officer, confirmed that the job description for a maintenance mechanic lacks indications, instructions, or educational requirements for acting as security for the facility in emergency situations.</p>			