

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  154020	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/17/2012
NAME OF PROVIDER OR SUPPLIER  REGIONAL MENTAL HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8555 TAFT ST MERRILLVILLE, IN 46410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
A0000	<p>This visit was for a recertification survey.</p> <p>Facility Number: 005184</p> <p>Survey Date: 04/16 &amp; 17/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 04/23/12</p>	A0000			

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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A0749	<p>482.42(a)(1) INFECTION CONTROL OFFICER RESPONSIBILITIES</p> <p>The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.</p> <p>Based on policy and procedure review, personnel record review, and staff interview, the infection control officer failed to ensure regular training updates in preventing and controlling healthcare-associated infections and methods to prevent exposure to and transmission of infections and communicable disease as required by facility policy and procedure for 11 of 13 (P1-P3, P5, P6, and P8-P13) personnel records reviewed.</p> <p><u>Findings:</u></p> <p>1. Policy titled, "Infection Control - Employee Education and Training Procedures" was reviewed on 4/17/12 at approximately 1:25 PM, and indicated on pg. 1 of 1, under Procedure section and point:</p> <p>A. 1. "The Safety/Infection Control Committee, in conjunction with Human Resources and accreditation staff, will identify, plan, coordinate, and provide education and training to all staff at orientation and yearly training for those staff at greater risk of coming in contact</p>	A0749	<p>A07491. <b>How are you going to correct the deficiency?</b> If already corrected, include the following steps and state date of correction. Staff have been instructed to complete the Blood Borne Pathogens Volume 3 in Netsmart (online training). There are a total of 60 staff who take the course annually. As of this date, 42 have completed the course. The rest of the staff are scheduled to take the course by June 1st. The Director of Acute Intensive Services and the Medical Director are monitoring the completion of the course through reports available in Netsmart.<b>2. How are you going to prevent the deficiency from reoccurring in the future, even if it is already corrected?</b> There are two steps to correcting the problem in the future. Step One: Human Resources will assign the course in Netsmart and send a reminder to the supervisors that the course needs to be taken by their employee. The Inpatient Nursing Supervisor will be monitoring the completion of courses for all inpatient staff. The Supervisor of Housekeeping will monitor the completion of courses</p>	06/01/2012

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	<p>with blood-borne pathogens. 1) All employee training will be conducted prior to initial assignment to tasks where occupational exposure may occur and annually thereafter.</p> <p>B. 2. Training will include: a) Epidemiology and symptomatology of blood-borne diseases. b) Modes of transmission of blood-borne pathogens. c) Signs and labels used at [facility] for hazardous material. d) Accessibility to the Infection Control Policy.</p> <p>C. 3. Training will be conducted by use of on-line courses, videotape, and printed material. Training will be provided by the Safety/Infection Control Committee, Human Resources or the Management Team."</p> <p>2. Review of personnel records at 9:30 AM on 4/17/12, indicated personnel P1-P3, P5, P6, and P8-P13 provide direct patient care and lacked documentation of annual training related to infection control for 2011 and/or 2012 to present.</p> <p>3. Personnel P17 was interviewed on 4/17/12 at 11:03 AM, and confirmed personnel P1-P3, P5, P6, and P8-P13 provide direct patient care and lacked documentation of annual training related to infection control, including Universal Precautions and Blood-borne Pathogens for 2011 as required by facility policy and</p>		<p>for housekeeping staff. The Medical Director and Director of Acute Intensive Services will monitor the completion of the course taken by physicians and nurse practitioners. Step Two: The supervisors listed above will monitor compliance with the annual training requirement to make sure that the individual completes the course before their annual evaluation. An employee will not be able to complete the evaluation process without taking the course. <b>3. Who is going to be responsible for numbers 1 and 2 above; i.e., administrator, director, etc.</b> The Medical Director, Director of Acute Intensive Services, The Inpatient Nursing Supervisor and the Supervisor of Housekeeping. <b>4. By what date are you going to have the deficiency corrected?</b> June 1, 2012</p>				

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