

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155742	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/08/2011
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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN47006
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F0000	<p>This visit was for the Investigation of Complaint IN00100165.</p> <p>Complaint IN00100165 -Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: December 8, 2011</p> <p>Facility number: 004671 Provider number: 155742 AIM number: 200538760</p> <p>Survey Team: Janie Faulkner, RN-TC</p> <p>Census bed type: SNF 5 SNF/NF 39 Residential 31 Total 75</p> <p>Census Payor type: Medicare 5 Medicaid 16 Other 54 Total 75</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F0000		

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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F0441 SS=F	<p>Quality review completed on December 13, 2011 by Bev Faulkner, RN</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on interview and record review, the</p>	F0441	.	12/31/2011	

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	<p>facility failed to ensure 1 new employee's TB Mantoux test was read and documented prior to working in the facility and the facility failed to ensure 2 new employees received their Step 2 TB Mantoux test. This occurred for 3 of 5 employees whose files were reviewed. This deficient practice had the potential to negatively affect all residents and staff.</p> <p>Findings include:</p> <p>During review of employee files on 12/8/2011 at 3:00 P.M., the "Tuberculin Testing For Employees" form for Employee #1/CRCA[certified resident care aide] indicated that Employee #1 received her first step TB Mantoux test on 11/7/11 and it was read on 11/9/11 at 0 mm[millimeters] of induration. The Retest of Mantoux (Step 2) section was left blank.</p> <p>Review of Employee #2/FSA[food services assistant] employee file indicated that Employee #2 received her first step TB Mantoux test on 9/30/11 and was read on 10/3/11 at 0 mm of induration. The Retest of Mantoux (Step 2) section was left blank.</p> <p>On 12/8/2011 at 3:15 P.M., review of Employee #3/CRCA employee file indicated that Employee # 3/CRCA's</p>		<p>Upon hire each team member will be given the first step TB Mantoux which will be read within 48-72 hours and documented per facility policy. The completed form will be given to the Business Office with a copy kept with the DHS/ADHS for follow-up with second step TB Mantoux administration. Upon completion of reading and documenting the second step TB Mantoux the document will be placed in the team member's health file.</p> <p>In order to keep all residents free from exposure to Tuberculosis, any employee who does not receive their TB Mantoux timely will not be permitted to work their assigned schedule</p> <p>The DHS and ADHS will follow up daily M-F to ensure all new hires have received the first step and second step TB Mantoux per schedule. The DHS will report findings in the daily CQI (Continuous Quality Improvement) meeting. This procedure will be ongoing until 100% compliant. Quarterly, all new hires will have their files audited by DHS/ADHS/Business Office to ensure first and second step TB Mantoux are administered and read per facility policy. Findings from the audit will be reviewed by the QA committee and any deficient practice will result in immediate corrective action. The ED and</p>		

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	<p>"Tuberculin Testing For Employees" was signed and dated for 11/3/11 by Employee #3 and by Employee #4/LPN, this form contained no other documentation.</p> <p>Interview with Employee #3/CRCA on 12/8/2011 at 4:30 P.M., Employee #3/CRCA stated, "I know I had my TB test read because I came up here and had it read on a Sunday, but I didn't see the nurse write it down."</p> <p>The facility policy titled "Trilogy Health Services, LLC ; Tuberculin Testing For Employees" 1st sentence reads, "In order to be in compliance with state and federal regulations, it is mandatory that employees receive Mantoux testing on hire and periodically during employment."</p> <p>During an interview with the Director of Health Services on 12/8/2011 at 6:45 P.M., she indicated "All new employees are to receive the TB Mantoux test prior to starting to work, we usually read the first test the day before or the day of orientation to comply with state and federal regulations and our policy and procedure." She then stated, "if it's not documented it's not done."</p> <p>3.1-14(t)(1)</p>		<p>DHS are responsible for overall compliance with this facility practice.</p> <p>Employees #1, #2, #3 & #4 were given the full 2 step series. This has been documented and placed in each employee's health file.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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