

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 06/13/2013
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NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635
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R000000	<p>This visit was for an State Residential Licensure Survey.</p> <p>Survey dates: June 11, 12, & 13, 2013</p> <p>Facility Number: 010667 Provider Number: 010667 AIM Number: N/A</p> <p>Survey Team: Julie Baumgartner, RN - TC Shauna Carlson, RN Shelly Vice, RN (6/11-12/2013)</p> <p>Census Bed Type: Residential: 44</p> <p>Census Payor Type: Other: 44</p> <p>Residential Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on June 17, 2013, by Brenda Meredith, R.N.</p>	R000000		

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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R000121	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p>						

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	<p>Based on interview and record review, the facility failed to assure the first step tuberculin skin test was read prior to the employee starting work for 1 of 5 employee files reviewed for tuberculin testing of employees. (Employee #1)</p> <p>Findings Include:</p> <p>On 6/12/13 at 11:20 AM, review of Employee #1's employee record indicated on the "Tuberculin Screening Test" that "Part 1 of 2" was administered, on 4/15/13 at 2:21 PM, to the left forearm. Further review indicated the area on this form where the reading of the test was to be documented was left blank.</p> <p>During an interview on 6/12/13 at 11:27 AM, Employee #2 (HWD - Health & Wellness Director) indicated she was responsible for the reading of this particular test and "...I don't know why I didn't sign it..."</p> <p>On 6/12/13 at 11:44 AM, review of the current facility "Tuberculosis Exposure Control Plan/Medical Screening - Associate..." policy, received from Employee #2 (HWD), indicated "...the TB [tuberculosis] status of the associate should be established prior to initial assignment</p>	R000121	<p>The following is the Plan of Correction for Sterling House of South Bend in regards to the Statement of Deficiencies for the annual survey completed on 06/13/2013. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective. 0121 Personnel Noncompliance <i>What corrective action(s) will be accomplished for those employee health screens found to have out of compliance?</i> - Employee #1's employee health record has been updated to show the documentation of negative skin test for Part One 1 of the two Part documentation. <i>How will the facility identify other employee health records with the</i></p>	06/20/2013			

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	and at least annually thereafter, or according to state regulations...the initial screening should be completed using the two-step Mantoux skin test...."		potential to be affected by the same alleged deficient practice and what corrective action will be taken? - Other employee prescreening records have been audited by the ED, HWD, and Administrative Assistant to ensure necessary documentation has been properly completed, and in the appropriate timeframe. All employee records are currently in compliance. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? · The Administrative Assistant has been re-educated on the documentation requirements for employee files. · The Executive Director, Health and Wellness Director, and Administrative Assistant will meet weekly to review new hire documentation prior to the start date of new hires. Associates will be notified of required Mantoux testing expectations at the time of the testing, and the Administrative Assistant/Designee will be responsible for notifying departments heads of non-compliance requiring additional follow up. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place? · Upon hire of new employees, the Leadership Team (Executive Director, Health and Wellness		

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			Director, and Administrative Assistant will meet weekly to review the employee health records to assure appropriate documentation is in place for all associates. By what date will these systemic changes be implemented? - 06/20/2013		