

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155501	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/13/2015
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BLUFFTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1529 W LANCASTER ST BLUFFTON, IN 46714
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(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
F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00171971.</p> <p>Complaint IN00171971–Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey Dates: May 12 & 13, 2015</p> <p>Facility number: 000465 Provider number: 155501 AIM number: 100273870</p> <p>Census bed type: SNF/NF: 47 Total: 47</p> <p>Census payor type: Medicare: 5 Medicaid: 39 Other: 3 Total: 47</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2–3.1.</p>	F 000	<p>F000000</p> <p>The facility requests that this plan of correction be considered its credible allegation of compliance. Preparation and /orexecution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of the deficiencies The plan of correction is prepared solely because of federal and state law.</p>	

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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F 999 Bldg. 00	<p>Based on interview and record review, (employee files), the facility failed to ensure 4 of 5 new employees were screened for tuberculosis. (Employees B, C, D, E).</p> <p>Findings include:</p> <p>On 5/13/15 at 1:00 p.m. review of new employee files indicated employee C was hired on 3/31/15, employee D was hired on 3/9/15 and employee E was hired on 2/9/15. All 3 employees had not been screened for tuberculosis by administering a base line tuberculin skin test. Employee B was hired on 4/13/15 and had received a base line 1st step tuberculin skin test on 4/13/15 but had not received a second step 1 to 3 weeks after the 1st step Mantoux was negative.</p> <p>Interview with the Executive Director on 5/13/15 at 2:30 p.m. indicated she had no further documentation of the employees</p>	F 999	<p>1.What corrective actions will be accomplished for those employees found to have been affected by the deficient practice; SDC will schedule and administer 1stand 2nd steps for employees found to have been effected by deficientpractice per procedure and policy</p> <p>1.How other employees having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; SDC will audit all employee PPDsfor documentation of 2 step Tuberculin Skin test that have been hired in thelast 12 months for compliance of procedure and policy to be completed by5/22/2015</p> <p>1.What measures will be put into place or what</p>	05/28/2015

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	receiving the screening for tuberculosis.		<p>systematic changes will be made to ensure that the deficient practice will not recur;</p> <p>SDC will keep record of all new hires with 1st and 2nd step PPDs upon date of hire prior to orientation. SDC to follow up with new hires prior to due date of 2nd step with scheduled date and time. SDC to complete Learn 365 modules: <i>Infection Control</i> and <i>About Tuberculosis</i> by 5/26/2015.</p> <p>1. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur;</p> <p>SDC will keep log of all new hires with completion of 1st and 2nd step PPDs with date of 1st and 2nd scheduled for 2 weeks later. SDC will inform DON of new hire and completion of steps following each completion of steps during clinical meeting daily. PPD policy and procedure to be in 100% compliance by May 27, 2015.</p>	