

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

PRINTED: 11/04/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  150065		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/08/2020	
NAME OF PROVIDER OR SUPPLIER  SCHNECK MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 411 W TIPTON ST SEYMOUR, IN 47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
A 0000  Bldg. 00	<p>This visit was for a CMS Focused Infection Control survey</p> <p>Date of Survey: 10/8/20</p> <p>Facility Number: 005060</p> <p>QA: 10/13/20</p>			A 0000			
A 0749  Bldg. 00	<p>482.42(a)(2) INFECTION CONTROL PROGRAM</p> <p>The hospital infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings; Based on document review, observation and interview, the facility failed to screen people for fever by taking their temperature when coming into the facility at 2 of 2 entries observed.</p> <p>Findings include:</p> <p>1. Review of the Centers for Disease Control and Prevention (CDC) guidelines titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated 6-19-20 &amp; 7-15-20) indicated the following: ...Screen everyone (patients, HCP, visitors) entering the facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection...Actively take their</p>			A 0749	<p>1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <p>- Our Patient and Visitor Screening Tool has been updated to provide more focus on obtaining subjective temperatures and a policy has been created. Both the policy and tool, which were created using the CDC Interim Infection Prevention and Control Recommendations for Health Care Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, are attached.</p> <p>2. How are you going to prevent the deficiency from recurring in the</p>		11/09/2020

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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S 0000  Bldg. 00	<p>temperature and document absence of symptoms consistent with COVID-19..."</p> <p>2. On 10/8/20 at approximately 0830 hours, it was observed that patient's temperatures were not being taken when they entered the Main Entrance and the Emergency Department entrances.</p> <p>3. Staff member #1, Vice President Patient Care Services/Chief Nursing Officer, indicated that they no longer take temperatures of everyone entering the building.</p> <p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00309241</p> <p>Unsubstantiated: Lack of sufficient evidence. Deficiency unrelated to the allegations is cited.</p> <p>Date of Survey: 10/8/20</p> <p>Facility Number: 005060</p> <p>QA: 10/13/20</p>			S 0000	<p>future?</p> <p>- Leadership overseeing the screening process will provide screener education, follow up and complete rounding to ensure compliance.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</p> <p>- The Director of Quality and Risk Management, the Director of Human Resources, and the Directors of Physician Practices.</p> <p>4. By what date are you going to have the deficiency corrected?</p> <p>- 11/9/2020</p>		

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S 0554  Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(a)</p> <p>(a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p> <p>Based on document review, observation and interview, the facility failed to screen people for fever by taking their temperature when coming into the facility at 2 of 2 entries observed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of the Centers for Disease Control and Prevention (CDC) guidelines titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated 6-19-20 &amp; 7-15-20) indicated the following: "...Screen everyone (patients, HCP, visitors) entering the facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection...Actively take their temperature and document absence of symptoms consistent with COVID-19..."</li> <li>On 10/8/20 at approximately 0830 hours, it was observed that patient's temperatures were not being taken when they entered the Main Entrance and the Emergency Department entrances.</li> <li>Staff member #1, Vice President Patient Care Services/Chief Nursing Officer, indicated that they no longer take temperatures of everyone entering the building.</li> </ol>			S 0554	<ol style="list-style-type: none"> <li>How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. - Our Patient and Visitor Screening Tool has been updated to provide more focus on obtaining subjective temperatures and a policy has been created. Both the policy and tool, which were created using the CDC Interim Infection Prevention and Control Recommendations for Health Care Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, are attached.</li> <li>How are you going to prevent the deficiency from recurring in the future? - Leadership overseeing the screening process will provide screener education, follow up and complete rounding to ensure compliance.</li> <li>Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.? - The Director of Quality and Risk Management, the Director of Human Resources, and the Directors of Physician Practices.</li> </ol>		11/09/2020

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