

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

PRINTED: 01/08/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151304		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/14/2024	
NAME OF PROVIDER OR SUPPLIER RUSH MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 1300 N MAIN ST RUSHVILLE, IN 46173			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
S 0000 Bldg. 00	<p>This visit was for a State Licensure Hospital survey.</p> <p>Facility Number: 005082</p> <p>Survey Dates: 11/13/2024 - 11/14/2024</p> <p>QA: 11/21/2024</p>			S 0000			
S 0330 Bldg. 00	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(K)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(K) Maintaining personnel records for each employee of the hospital which include personal data, education and experience, evidence of participation in job related educational activities, and records of employees which relate to post offer and subsequent physical examinations, immunizations, and tuberculin tests or chest x-ray, as applicable.</p> <p>Based on document review and interview, the facility lacked documentation of annual tuberculosis (TB) screenings for 23 of 26 (N1, N2, N3, N4, N5, N6, N8, N9, N11, N12, N13, N14, N15, N16, N17, N18, N19 [Registered Nurses], N20 [Chief Nursing Officer], C2, C3, C4 [Patient Care</p>			S 0330	<p>Director of employee health updated policy. Policy changed from May to each calendar year. Director of employee health will review updated policy periodically in our facilities policy management</p>		11/29/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carrie Tressler

CNO

12/13/2024

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 disclosed 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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	<p>Technicians], C5 and C6 [Paramedics]) personnel files reviewed.</p> <p>Findings include:</p> <p>1. Facility policy titled, Pre-Employment Health Evaluation and Annual Surveillance, Document ID: POL 8.2.211.1. indicated under 3.0 POLICY: All employees are then required to have annual TB Screening completed each March.</p> <p>2. Review of N1, N2, N3, N4, N5, N6, N8, N9, N11, N12, N13, N14, N15, N16, N17, N18, N19 (Registered Nurses), N20 (Chief Nursing Officer), C2, C3, C4 (Patient Care Technicians), C5 and C6 (Paramedics) personnel files lacked documentation of annual TB screening.</p> <p>3. Interview with S3 (Information Systems Director) on 11/14/2024 at approximately 11:30 a.m. confirmed the above personnel files lacked documentation of annual TB screening.</p>				<p>system. Director of employee health to maintain compliance.</p>		