STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150082	A. BUILDING 00 B. WING	03/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEACONESS HOSPITAL INC	600 MARY ST EVANSVILLE, IN 47747

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S 0000 Bldg. 00	This visit was for one State hospital complaint investigation. Complaint number: IN00242183 Substantiated: deficiencies related to allegations are cited Survey date: 3/28/2018 Facility Number: 005074 QA: 5/24/18	S 0000		
S 0590 Bldg. 00	410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(C) (f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (C) Reviewing employee exposure incidents and making appropriate recommendations to minimize risk. Based on document review and interview, the facility failed to ensure that staff follow their policy/procedure for employees reporting of exposures and/or	S 0590	**Deficiency:** **Corrective Action to be Taken;** **Target Date: Give specific dates** **Prevention of Future Deficiencies:**	08/16/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	infections that could potentially place others at risk in 1 of 3 credentialed medical staff health files reviewed. Findings include: 1. Review of policy/procedure No. 40-96 S, Infection Prevention and Control for Healthcare Personnel, revised/reviewed 03/28/2018 as indicated: A. page 1: "Employees should report exposures or infections that could potentially place others at risk so prevention and control measures can be implemented as appropriate" B. page 7: "Active Disease: Zoster (Shingles) Evaluation needed? Yes: Recommended evaluation by PCP. Work Restriction: Exclude from duty if lesions are on neck/face/wrists/hands. Duration: Until released by PCP and Comp Center provider has reviewed PCP Return to Work Evaluation (Appendix B) or until all lesions dry and crust". C. Appendix B: "Primary Care Provider Return to Work Evaluation" form. 2. Review of credentialed medical staff D1 (Physician), D2 (Physician) and D3's (Physician) health files indicated that medical staff D1's health file lacked documentation of a reported active case of Shingles in September 2017 to the		**Target Date: Give specific dates** **Responsible Parties for columns 2 and 3** *(Give Titles, not personal names):* 410 IAC 15-1.5-2(f)(3)(C) S590 Based on document review and interview, the facility failed to ensure that staff follow their policy/procedure for employees reporting of exposures and/or infections that could potentially place others at risk in 1 of 3 credentialed medical staff health files reviewed. **1.** Notification of policy sent to all employees, including contract employees, through Web in-service. Employees must acknowledge they have read and understand they are accountable to know the information in policy 40-96S (exhibit A & B) **2.** Notification of hospital policy 40-96S to volunteers and non-employed providers: 1.Include verbiage in the volunteer handbook (exhibit C). 2. Letter to be sent to all independent providers, with attached policy and statement of acknowledgement to be returned to Medical Affairs. 3.Acknowledgement line for policy will be added to new and	

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	Employee Health Nurse and lacked documentation of the Primary Care Provider Return to Work Evaluation form. 3. On 3/28/18 at approximately 1230 hours, staff P6 (Department Director of Cardiology) was interviewed and confirmed he/she did not receive notification from medical staff D1 that he/she had an exposure and/or infection that would potentially place others at risk as per policy/procedure, Infection Prevention and Control for Healthcare Personnel during the month of September 2017. 4. On 3/28/18 at approximately 1300 hours, staff P7 (Infection Preventionist) was interviewed and confirmed staff members including all appointed medical staff should follow the facility policy/procedure for Infection Prevention and Control for Healthcare Personnel. Staff P7 confirmed a report related to medical staff D1 having an active case of Shingles was not received in 2017. Staff P7 confirmed medical staff D1 should have reported to the department director and/or employee health nurse if he/she had experienced an active case of Shingles. Staff P7 confirmed if a staff member reported that he/she had Shingles an evaluation per staff member's		re-credentialing paperwork. 6/30/2018 a. 08/09/2017 b. 08/16/2018 c. 08/16/2018 **1.** Adding acknowledgement employee has read and understands they are accountable to know the information in policy 40-96S to onboarding requirements for new hires. **2.** Volunteer workshop is held annually. The volunteer handbook is reviewed and a copy is given to each volunteer. A signed acknowledgement form is collected for all those that attend.	

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	primary care physician (PCP) would be required, work restrictions would apply if lesions were located on neck/face/wrists/hands and return to work duties would be dependent on release from PCP or until all lesions were dry and crusted as per facility policy/procedure, Infection Prevention and Control for Healthcare Personnel. 5. Staff P8 (Employee Health RN) was interviewed on 3/28/18 at approximately 1430 hours and confirmed a report related to medical staff D1 having an active case of Shingles was not received in 2017. Staff P8 confirmed if a staff member had an active case of Shingles, the Employee Health Department should have received notification. 6. On 3/28/18 at approximately 1600 hours, medical staff D1 (Physician) was interviewed and confirmed he/she had an active case of Shingles with lesions located on his/her scalp and face in September 2017. Medical staff D1 confirmed he/she could not remember the dates in September 2017 when the Shingles lesions appeared on his/her scalp and face. Medical staff D1 confirmed he/she did not report having an active case of Shingles to the Cardiology Department Director and/or Employee Health Nurse. Medical Staff D1		Anyone who can't attend is sent the materials in the mail, and they send us back the signed acknowledgement form for our files. **3.** Acknowledgement line for policy will be added to new and re-credentialing paperwork. 08/16/2018 08/08/2018	

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	confirmed he/she performed procedures in the Cath Lab during the month of September 2017. Medical staff D1 confirmed he/she should have followed facility policy/procedure for Infection Prevention and Control for Healthcare Personnel. 7. Review of Surgeon Schedule indicated medical staff D1 performed procedures in the Cath Lab on 9/14/17, 9/16/17, 9/17/17, 9/28/17 and 9/30/17.		08/16/2018 Infection Prevention Department/Department Manager Infection Prevention Department, Volunteer Manager Infection Prevention Department & Medical Affairs Department	