

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2022
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NAME OF PROVIDER OR SUPPLIER INDIANA SPINE HOSPITAL, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13219 N MERIDIAN STREET CARMEL, IN 46032
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(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
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S 0000 Bldg. 00	This visit was for a State Hospital Licensure survey. Facility Number: 013878 Survey Dates: 6/13-15/2022 QA: 6/16/2022	S 0000		
S 0330 Bldg. 00	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(K) (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: (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. Based on document review and interview, the facility failed to follow the CDC (Centers for Disease Control) policy on new hire tuberculin testing in 6 of 15 personnel files reviewed (N3, N6-[S1], N8, N9, N11 and N12 - each a Registered	S 0330	Tuberculosis Testing Plan of	06/20/2022

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 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>Nurse).</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. Review of policy titled: Employee Health (PolicyStat: ID 10558430) last approved 03/2022, indicated a new hire will have a TST (Mantoux tuberculin skin test) and a symptom evaluation. The policy was followed as written, but did not meet the CDC guidelines. 2. Review of CDC guidelines (03/08/21) for baseline "TB Screening and Testing of Health Care Personnel" indicated use of a 2-step method. If the first TB test is negative, a second TB test will be given 1 to 3 weeks later. 3. Review of N3, N6-[S1], N8, N9, N11 and N12's (each a Registered Nurse) personnel file lacked documentation of a 2-step tuberculin test. 4. Interview on 06/14/22 at 9:50 am with S3 (Infection Preventionist/Quality) confirmed that facility follows the CDC guidelines for new hire TB testing and that N3, N6-[S1], N8, N9, N11 and N12 lacked documentation of a 2-step tuberculin test upon hire. 		<p>Correction</p> <p>Effective 6/20/22, all newly hired employees eligible for a second step ppd were administered.</p> <ul style="list-style-type: none"> · This included three employees/contracted service personnel <p>Beginning 6/20/22, all new employees will have QuantiFERON or T-spot tuberculosis blood test upon employment.</p> <p>Employee Health Policy (PolicyStat: ID 10558430) updated to include requirements for QuantiFERON or T-spot, in addition to TB risk assessment to be completed for all new employees.</p> <ul style="list-style-type: none"> · If a QuantiFERON or T-spot has been completed within the last three months, a new test does not need to be completed. Occupational Health nurse will review all new employees tuberculosis risk assessment and order QuantiFERON or T-spot to be completed, if new employee has not had testing completed in the previous three months. Occupational Health nurse and Chief Nursing Officer will review all new employee files within two weeks of hire date, to ensure completion. <p>Documentation of employee results will be completed on employee health spreadsheet, noted on new employee</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			checklist, and results retained in employee file.		