

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 153037	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/18/2012
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NAME OF PROVIDER OR SUPPLIER SOUTHERN INDIANA REHABILITATION HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3104 BLACKISTON BLVD NEW ALBANY, IN 47150
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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
S0000	<p>This visit was for a State licensure survey.</p> <p>Facility #: 006205</p> <p>Date: 09-17/18-12</p> <p>Surveyors:</p> <p>Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>Ken Zeigler Laboratorian</p> <p>QA: cloughlin 09/19/12</p>	S0000		

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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S0604	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(vii)</p> <p>(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: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(vii) A system, which complies with state and federal law, to monitor the immune status of health care workers exposed to communicable diseases.</p> <p>Based on personnel record review and staff interview, the hospital failed to monitor the immune status of six of six kitchen health care workers for diseases transmissible through food.</p> <p>Findings: 1. Indiana Code 410 IAC 7-24-120 Sec 120. (a) states "The owner or operator of a retail food establishment shall require food employee applicants to whom a conditional offer of employment</p>	S0604	<p>1. The six kitchen personnel signed an applicant health interview record that included information about their health and activities as they related to disease that are transmissible through food. This documentation included information that would allow the food nutrition manager to prevent the likelihood of forborne disease transmission, including the date of onset of jaundice or of an illness specified under subdivision (3), of the food employee: (1) Is diagnosed with an illness due to:</p>	09/30/2012	

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	<p>is made and food employees to report to the person-in-charge information about their health and activities as they relate to diseases that are transmissible through food. A food employee or applicant shall report the information in a manner that allows the person-in-charge to prevent the likelihood of forborne disease transmission, including the date of onset of jaundice or of an illness specified under subdivision (3), of the food employee or applicant:</p> <p>(1) is diagnosed with an illness due to:</p> <p>(A) Salmonella spp.; (B) Shigella spp.; (C) Shiga toxin-producing Escherichia Coli; (D) Hepatitis A virus; or (E) Norovirus "</p> <p>2. Six kitchen personnel (#'s 1 through 6) had no documentation to indicate that the above-listed history of the five food transmissible diseases had been obtained.</p>		<p>(A) Salmonella spp.;</p> <p>(B) Shigella spp.;</p> <p>(C) Shiga toxin-producing Escherichia Coli;</p> <p>(D) Hepatitis A virus; or</p> <p>(E) Norovirus</p> <p>This deficiency was corrected by 9/30/2012.</p> <p>2. This deficiency will not recur in the future because an applicant health interview policy was created requiring this documentation to be completed during the conditional offer of employment for the team member.</p> <p>3. The employee health nurse is responsible for having an applicant complete at the time of their pre-employment health screening.</p>				

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	3. In interview 9/18/12 at 10:00 a.m., staff member #4 acknowledged the above-listed missing documentation.			
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