

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150008	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2012
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NAME OF PROVIDER OR SUPPLIER ST CATHERINE HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4321 FIR ST EAST CHICAGO, IN 46312
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S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005008</p> <p>Survey Date: 5/14, 15 & 16/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Medical Surveyor</p> <p>QA: claughlin 06/19/12</p>	S0000	Please accept this plan of correction to be considered as our credible allegation of compliance.	

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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S0330	<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: (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 policy and procedure review, document review, personnel record review, and staff interview, the chief executive officer failed to ensure personnel records were maintained for each employee that included immunization status and/or communicable disease history related to tuberculin skin test for 7 of 15 (P1, P2, P6, P9, P10, P13, and P15) personnel files reviewed.</p> <p>Findings: 1. Policy No. 6.20, titled "Mandatory Yearly Tuberculin Skin Testing and Exemptions from Yearly Testing"</p>	S0330	The Governing Board and the Chief Officer assure that personnel records are maintained for each employee that include immunization status and/or communicable diseases history related to tuberculin skin test. The current policy titled "Tuberculin Skin Testing", page 1, section 1.2-3 states that Tuberculin skin tests must be read by designated trained personnel between 48 hours and 72 hours after injuection".. See Attachment A: Tuberculin Skin Test PolicyThe Employee Health Nurse revised the current policy titled " Tuberculin Skin Testing" to include a form to document the following: Date and time skin	07/06/2012			

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	<p>reviewed on 5/16/12 at approximately 1:00 PM, indicated on pg. 2., point 2.0 "All hospital employees except for those who fall under the annual tuberculin skin test exempt categories as stated under the policy statement/purpose above will be required to receive an annual tuberculin skin test during the time of their mandatory Employee Health visit during their birthday month."</p> <p>2. Review of document titled, "Tuberculin Skin Test" indicated the test "must be read between 48 and 72 hours or will not be accepted."</p> <p>3. Review of personnel files on 5/16/12 at 9:12 AM, indicated personnel: A. P1 had documentation of Tuberculin Skin Test that was administered on 5/31/11 at 9:40 AM and read on 6/2/11 at 5:50 AM. This is approximately 3 hours and 50 minutes before 48 hours. B. P2 had documentation of Tuberculin Skin Test that was administered on 10/25/11 at 1:45 PM and read on 10/27/11 at 12:35 PM. This is approximately 1 hour and 10 minutes before 48 hours. C. P6 had documentation of Tuberculin Skin Test that was administered on 3/10/11 at 11:00 AM and read on 3/12/11 at 8:00 AM. This is approximately 3 hours before 48 hours.</p>		<p>test is administered. Date and time skin test is due to be read. Date and time it was read. See Attachmnet B: Tuberculin Skin Test Form The policy with the corresponding form was approved by the Director of Human Resources. The Managers of the departments are responsible for in- servicing their respective staff about the policy with emphasis on the requirement that tuberculin test must be read between "48 and 72 hours" and the use of the newly created skin test documentation form. The hospital staff will be held responsible and accountable for following the above policies. The Managers of each departments will be responsible for ensuing staff compliance to above policies. Non – compliance by staff to above policies will result in corrective action issued by the respective managers of each department. The Employee Health Nurse will monitor compliance to above policies by checking the dates and times documented in the Skin Test Documentation Form (every time skin test was performed) and report non – compliance to the respective managers. Monitoring will be done until 100% compliance is achieved for three months.</p>		

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	<p>D. P9 had documentation of Tuberculin Skin Test that was administered on 3/4/11 at 4:00 (AM or PM not indicated) and read on 3/7/11 (time blank). Unable to determine if this was read between 48 and 72 hours.</p> <p>E. P10 had documentation of Tuberculin Skin Test that was administered on 2/15/11 at 11:00 AM and read on 2/17/11 (time blank). Unable to determine if this was read between 48 and 72 hours.</p> <p>F. P13 had documentation of Tuberculin Skin Test that was administered on 6/1/11 at 8:40 AM and read on 6/3/11 at 8:30 AM. This is approximately 10 minutes before 48 hours.</p> <p>G. P15 had documentation of Tuberculin Skin Test that was administered on 10/25/11 at 12:00 PM and read on 10/28/11 at 15:15 PM. This is approximately 3 hours and 15 minutes after 72 hours.</p> <p>4. Personnel P29 was interviewed on 5/16/12 at approximately 12:24 PM and confirmed, the form titled " Tuberculin Skin Test " states, " must be read between 48 and 72 hours or will not be accepted. PPD (purified protein derivative) skin testing documentation for the above-mentioned personnel was lacking documentation that the tuberculin</p>						

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	skin test was read between 48 and 72 hours. Facility policy and procedure related PPD skin testing documentation was not followed for these personnel.			

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S0362	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(d)(6)(A)(B)(C)(D) (E)(F)</p> <p>(d) The governing board is responsible for assuring that quality patient care is provided. In accordance with hospital policy, the governing board shall do the following:</p> <p>6) Ensure that the hospital does the following:</p> <p>(A) Establish written protocols to identify potential organ and tissue donors. (B) Has written policies and procedures for the facilitation of organ and tissue donations, including procurement. (C) Inform families or authorized persons of potential organ and tissue donors of the option of donation on admission or at the time of death of a potential donor. (D) Use discretion and sensitivity in contacts with potential organ donor families. (E) Notify the appropriate procurement organization of potential organ donors. (F) Establish membership in the organ procurement and transplantation network if the hospital performs transplants.</p> <p>Based on document review and interview, the facility failed to notify the appropriate organ procurement organization, per contract, of all hospital deaths. Thus the facility failed to notify procurement</p>	S0362	The Governing Board and the Chief Officer assure that hospital has an established written protocols about organ donation, including but not limited to the notification of the procurement	07/06/2012			

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	<p>organization of potential organ donors.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the contract between the hospital and the Gift of Hope Organ & Tissue Donor Network, indicated the hospital shall provide "Gift of Hope...with a Timely Notification...of all individuals who have died or whose death is imminent". 2. Review of Donation Activity Report for the 2nd Quarter 2011 indicated 12 deaths occurred in May 2011 and only 11 deaths were reported. Thus the hospital failed to show evidence that all deaths were reported. 3. Interview with Employee A4 on May 14, 2012 at 3pm, at which time review of the Gift of Hope contract and the May 2011 data, verified the information. 		<p>organization of all hospital deaths. The current hospital policy entitled " Referral of Potential Organ and Tissue Donors" states that all deaths have to be reported to Gift of Hope, which is the hospital's procurement organization which is in accordance with the requirement. . See Attachment C: "Referral of Potential Organ and Tissue Donor"Policy, page 1, Section 2.0 - 2.1. The managers of the departments will re – inservice their respective staff on the above policy, with emphasis on the requirement about notifying the procurement organization (Gift of Hope) of all deaths. The hospital staff will be held responsible and accountable for following the above policies. The Managers of each departments will be responsible for ensuing staff compliance to above policies. Non – compliance by staff to above policies will result in corrective action issued by the respective managers of each department. The Nursing Supervisors will monitor compliance to above policies by reviewing all deaths reported to the nursing supervisors and report non – compliance to the respective managers. Monitoring will be done until 100% compliance is achieved for three months.</p>		