

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/23/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  UNITY MEDICAL AND SURGICAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4455 EDISON LAKES PKWY MISHAWAKA, IN 46545
---	--

(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
S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 012113</p> <p>Survey Date: 09/22/14 through 09/23/2014</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: cloughlin 10/21/14</p>	S000000		
S000308	<p>410 IAC 15-1.4-1 GOVERNING BOARD 15-1.4-2 (c)(6)(B)</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>(B) Orientation of all new employees, including contract and agency</p>			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/23/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  UNITY MEDICAL AND SURGICAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4455 EDISON LAKES PKWY MISHAWAKA, IN 46545
---	--

(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
	<p>personnel, to applicable hospital, department, service, and personnel policies.</p> <p>Based on review of policies, personnel records, and staff interview, the chief executive officer failed to develop hospital and departmental orientation policies and programs for 5 of 5 contracted laboratory personnel reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 9-23-14 at 1:50 PM, review of of policies revealed the following: <ol style="list-style-type: none"> <li>A policy titled: "Employee Orientation," policy number "I-B.23," issued "9/2009," read: "For orientation of contract, registries, and temporary agency staff, refer to the hospital wide Administrative Policy and Procedure Manual policy on Competence of Contract and Registry Staff."</li> <li>A policy titled: "Staff Competencies," policy number "I-B.24," issued "9/2009," which read; "All newly hired personnel will attend a Hospital-Wide Orientation program.." and "The assigned employee trainer(s) will assist the new employee in completing an orientation program as assigned by the department Director and/or Supervisor..."</li> </ol> </li> <li>Review of personnel records on</li> </ol>	S000308	<p>et with Soutbend Medical Foundation Oct 22 2014 They ae the contracted vendor forall laboratory svices provided at Unity Medical &amp; Surgical Hospital (USMH) We discussed the lack of needed documentation the hospital require per our policies Responsible parties: Director of Lab at SBF and Chief Human Resource Officer at UMSH Upon hire of new lab employee, SBMF Director of lab will supply employee information to Unity's CHRO Unity's CHRO will place contracted employee into the Review Tracking Log utilized by CHRO at Unity to ensure all needed information has been received.</p> <p>The employee, at the point of hire will be placed into hospital orientation to complete as per policy by Unity's CHRO. Department orientation will be submitted by Director of Lab to CHRO with in allotted time per SBM policy. Not to exceed 3 days thereafter.</p>	10/22/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/23/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  UNITY MEDICAL AND SURGICAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4455 EDISON LAKES PKWY MISHAWAKA, IN 46545
---	--

(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
S000312	<p>9-23-14 at 1:50 PM indicated Staff Members #L8 through #L12 were contracted laboratory personnel that did not have documentation of hospital or departmental orientation.</p> <p>3. In interview on 9-23-14 at 1:50 PM, Staff Member #L9 acknowledged the contracted laboratory personnel did not have documented hospital or departmental orientation.</p> <p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(D)</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>(D) Annual performance evaluations, based on a job description, for each employee providing direct patient care or support services, including contract and agency personnel, who are not subject to a clinical privileging process.</p> <p>Based on review of policies, personnel records, and staff interview, the chief executive officer failed to ensure annual performance evaluation policies were followed for one of five contracted</p>	S000312	<p>Persons Responsible: Director of Lab (SBMF) and Chief Human Resource Officer UMSH. Corrective measures: Met with Southbend Medical Fundation on Oct 22, 2014 to discuss</p>	11/22/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150177		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  09/23/2014	
NAME OF PROVIDER OR SUPPLIER  UNITY MEDICAL AND SURGICAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4455 EDISON LAKES PKWY MISHAWAKA, IN 46545			
(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			
S000330	<p>laboratory personnel reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 9-23-14 at 1:50 PM, review of policies revealed a policy titled: "Staff Competencies," policy number "I-B.24," issued "9/2009," which read: "Employee's performance is evaluated annually by the appropriate Director and/or Supervisor with position-descriptive criteria based performance appraisals."</li> <li>On 9-23-14 at 1:50 PM, review of personnel records indicated Staff Member #L9 did not have an annual evaluation.</li> <li>In interview on 9-23-14 at 1:50 PM, Staff Member #L9 indicated annual evaluations for Staff member #L9 were not performed.</li> </ol> <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>corrective measures for ensuring evaluations and competencies on lab personnel are provided to Unity Medical &amp; Surgical Hospital Annual competencies and annual performance reviews will be provided by the Director of Lab to Unity's CHRO with in 5 working days of completion. CHRO at Unity will also have each contracted employee on Review Tracking System as a safe guard to compliance. All current employee information must be submitted to Unity's CHRO by Nov 22, 2014.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/23/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  UNITY MEDICAL AND SURGICAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4455 EDISON LAKES PKWY MISHAWAKA, IN 46545
---	--

(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
	<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 review of policies, health records for five contracted laboratory personnel, and staff interview, the chief executive officer failed to ensure: 1) three records contained documentation of tuberculosis screening; 2) five records contained documentation of measles screening; 3) two records contained documentation of mumps screening; and 4) two documents contained documentation of varicella screening.</p> <p>Findings include:</p> <p>1. On 9-23-14 at 1:50 PM, review of policies revealed the following:</p> <p>a. A policy titled: "TB Screening (Employees)," policy number "III-D.36," issued "9/2009," which read: "All employees, volunteers, agency, and long-term contracted personnel will receive screening for tuberculosis (TB) infection yearly."</p> <p>b. A policy titled: "MMR Screening," policy number "III-D.34,"</p>	S000330	<p>Responsible parties: Director of Lab, Southbend Medical Foundation Chief Human Resource Officer Unity Medical &amp; Surgical Hospital Compliance Officer met with leadership from SBMF to review needed compliance items on Oct 22, 2014 Steps to correct issues: Director of Lab(SBMF)will submit all required documentation regarding education, physical exams, immunizations, chest x-ray (if applicable) TB,MR and Varicella Zoster screening to CHRO at Unity before employee may begin working. CHRO will place contracted employee on Unity's Review Tracking Sheet to ensure compliance is met. Data on all current lab employee's will be submitted by Nov 22, 2014</p>	11/22/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/23/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  UNITY MEDICAL AND SURGICAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4455 EDISON LAKES PKWY MISHAWAKA, IN 46545
---	--

(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																														
	<p>issued "9/2009," which read: "To prevent outbreaks of measles, mumps, or rubella, all employees will be screened for immunity on hire."</p> <p>c. A policy titled: "Varicella Zoster Screening," policy number "III-D.33," issued "9/2009," which read: "To prevent an outbreak of chickenpox, all new hires will be screened for immunity to Varicella (chickenpox)."</p> <p>2. On 9-23-14 at 1:50 PM, review of health records for contracted laboratory personnel indicated the following:</p> <table border="1"> <tr> <td>SM</td> <td>TB</td> <td>ME</td> <td>MU</td> <td>VA</td> </tr> <tr> <td>L8</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>L9</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>L10</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>L11</td> <td>X</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>L12</td> <td></td> <td>X</td> <td></td> <td></td> </tr> </table> <p>SM - Staff Member; TB - tuberculosis screening; ME - measles screening; MU - mumps screening; VA - varicella screening; X - indicated documentation was missing from personnel health record.</p> <p>3. In interview on 9-23-14 at 1:50 PM, Staff Member #L9 acknowledged the above indicated documentation was missing.</p>	SM	TB	ME	MU	VA	L8	X	X	X	X	L9		X			L10	X	X	X	X	L11	X	X			L12		X					
SM	TB	ME	MU	VA																														
L8	X	X	X	X																														
L9		X																																
L10	X	X	X	X																														
L11	X	X																																
L12		X																																

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

PRINTED: 11/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/23/2014
NAME OF PROVIDER OR SUPPLIER  UNITY MEDICAL AND SURGICAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 4455 EDISON LAKES PKWY MISHAWAKA, IN 46545		
(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	