

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

PRINTED: 09/28/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>150021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARKVIEW REGIONAL MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>11109 PARKVIEW PLAZA DRIVE</b> <b>FORT WAYNE, IN 46845</b>		
(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	
A 000	INITIAL COMMENTS  The visit was for a Federal complaint investigation and a focused Infection Control survey.  Complaint Number: IN00330768  Unsubstantiated: Lack of sufficient evidence. Unrelated deficiency cited.  Survey Date: 8/4/2020  Facility Number: 005020	A 000			
A 772	IC PROFESSIONAL RESPONSIBILITIES POLICIES CFR(s): 482.42(c)(2)(i)  Standard: Leadership responsibilities  (2) The infection preventionist(s)/infection control professional(s) is responsible for: (i) The development and implementation of hospital-wide infection surveillance, prevention, and control policies and procedures that adhere to nationally recognized guidelines. This STANDARD is not met as evidenced by: Based on document review, observation and interview, the facility failed to maintain its infection prevention and control program in accordance with nationally recognized infection control (IC) guidelines to minimize the risk of exposure to patients, healthcare personnel (HCP) and visitors for three (3) occurrences.  Findings include:	A 772			
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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A 772	<p>Continued From page 1</p> <p>1. Review of the Centers for Disease Control and Prevention (CDC) guidelines titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated 6-19-20 &amp; 7-15-20) indicated the following: "Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide instructions (in appropriate languages) about... how and when to perform hand hygiene...Educate patients, visitors and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering...Screen everyone (patients, HCP, visitors entering the facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection...Actively take their temperature and document absence of symptoms consistent with COVID-19..."</p> <p>2. Review of the policy/procedure Standard Precautions (approved 7-19) indicated the following: "Masks are used for 4 purposes in the health care setting...to limit dissemination of potentially infectious respiratory secretions from the patient to others ...Respiratory Hygiene/Cough Etiquette...applies to all co-workers, patients and visitors. The following measures are necessary to contain respiratory secretions of all individuals...cover coughs and sneezes using a facial tissue or the bend of arm. Dispose of contaminated facial tissues in the nearest waste receptacle immediately following use. Perform HH [hand hygiene] after having contact with respiratory secretions and contaminated objects/materials."</p>	A 772			

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A 772	<p>Continued From page 2</p> <p>3. Review of the policy/procedure Hand Hygiene (approved 4-19) indicated the following: "To assure compliance with CDC guidelines for proper hand hygiene of healthcare workers...Make improved hand-hygiene adherence an institutional priority...."</p> <p>4. Review of the policy/procedure Temperature Checking of Patients and Guests (approved 5-12-20) indicated the following: "Parkview Health attempts to closely follow guidelines from the Centers for Disease Control (CDC)... In the CDC document, "Interim Infection Prevention and Control Recommendations...for Healthcare Facilities" (no date of issue)...no recommendation is made to check temperatures of patients or guests...[and]...Generally speaking, the active checking of patient and guest temperatures upon facility entry is not recommended, but not prohibited."</p> <p>5. During an observation on 8-4-2020 at 0955 hours of the main entrance to the facility, in the company of Quality Specialist A3, the reception and screening staff on duty were observed to be without a thermometer to check the temperature of everyone entering the facility. Several signs were observed in the entry area with information about visitor restrictions, social distancing and for everyone to wear a mask inside the facility and no information on display indicated for everyone to perform hand hygiene before and after touching their face mask or performing respiratory hygiene.</p> <p>6. On 8-4-20 at 0955 hours, staff A3 confirmed the above.</p> <p>7. During an observation on 8-4-2020 at 1110</p>	A 772			

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A 772	Continued From page 3 hours of the 2C entrance area, in the company of staff A3, the screening staff on duty were observed to be without a thermometer to check the temperature of everyone entering the facility.  8. On 8-4-20 at 1110 hours, staff A3 confirmed the above.  9. During an observation on 8-4-2020 at 1140 hours of the behavioral health unit (BHU) offsite entrance area, in the company of Quality Specialist A2, the screening staff on duty were observed to be without a thermometer to check the temperature of everyone entering the facility. A sign was posted in the entry area with information about visitor restrictions and for everyone to wear a mask inside the facility and no information on display indicated how or when to perform hand hygiene.  10. On 8-4-20 at 1140 hours, staff A2 confirmed the above.	A 772		