

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154035	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2014
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NAME OF PROVIDER OR SUPPLIER FOUR COUNTY COUNSELING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MICHIGAN AVE LOGANSPORT, IN 46947
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A000000	<p>This visit was for a recertification survey.</p> <p>Facility Number: 005199</p> <p>Survey Date: 02/03/2014 & 02/04/2014</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 02/12/14</p>	A000000		
A000182	<p>482.13(e)(14) PATIENT RIGHTS: RESTRAINT OR SECLUSION</p> <p>If the face-to-face evaluation specified in paragraph (e)(12) of this section is conducted by a trained registered nurse or physician assistant, the trained registered nurse or physician assistant must consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) as soon as possible after the completion of the 1-hour face-to-face evaluation.</p> <p>Based on policy and procedure review, medical record review, and personnel interview, the trained registered nurse failed to consult the attending physician or other licensed independent</p>	A000182	N3 had a telephone order on 01-19-14 at 8:45 pm verifying APN was notified at time of physical hold. N4 had a telephone order given and written on 01-12-14 at 12:14 p.m. two	02/04/2014

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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	<p>practitioner who is responsible for the care of the patient after completion of the 1-hour face-to-face evaluation as required by facility policy and procedure for 2 of 2 (N3 and N4) closed medical records reviewed who had a restraint/seclusion incident.</p> <p>Findings:</p> <p>1. Policy No.: 11.2.050P, titled "Special Treatment Procedure/Seclusion/Restraint" was reviewed on 2/4/14 at approximately 1:40 PM, and indicated on pg. 2, under Seclusion and/or Restraint section and point D. 2., "The treating LIP (Licensed Independent Practitioner) must be consulted as soon as possible after seclusion and/or restraint..."</p> <p>2. Review of closed medical records at approximately 9:44 AM on 2/4/14, indicated patient:</p> <p>A. N3 had a physical hold documented on 1/19/14 at 8:45 PM; N4 had a seclusion hold documented on 12/12/13 at 12:16 PM. Both lacked "Physician/APN (Advanced Practice Nurse) signature and date" on the Restraint and Seclusion Form under the section titled "Physician/APN/RN's Report".</p>		<p>minutes before the seclusion, verifying the physician was notified before seclusion. However, both lacked signatures by the Physician or APN verifying the nurse saw them within one hour. The nurse signature was present. Although the nurse does notify after one hour if in seclusion or restraint, usually the physical hold is already done before the Physician or APN is called. Physicians and APNs reminded to look for that signature page. Melissa Reynolds, RN, Acute Care Coordinator was/is responsible for QA auditing of these records to ensure the signature is completed within 24 hours. She began on 2-4-14.</p>	

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A000749	<p>3. Personnel P12 was interviewed on 2/4/14 at approximately 9:30 AM, and confirmed the above-mentioned closed patient medical records lacked documentation of signature and date of the Physician/APN as required by facility policy and procedure on the Restraint and Seclusion Form under the section titled "Physician/APN/RN's Report. This signature indicates the trained registered nurse consulted the attending physician or other licensed independent practitioner who is responsible for the care of the patient after completion of the 1-hour face-to-face evaluation.</p> <p>482.42(a)(1) INFECTION CONTROL PROGRAM The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel. Based on policy and procedure review, personnel record review, and personnel interview, the infection control officer failed to ensure a system for identifying, reporting, investigating, and controlling infections and communicable diseases of personnel as required by facility policy and procedure for 9 of 10 (P1-P8 and P10) personnel records reviewed.</p>	A000749	All current staff were notified by Donna Henry, RN, VP of Clinical and Residential services, on 03-13-14, of the need to bring their immunization records to Human Resources immediately. On 03-14-14, Deb Grimes, RN, Infection Control Nurse notified all current staff to 1. Bring their immunization records 2. If they had the diseases, either produce medical doctor verification, or obtain a titer for	04/14/2014			

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	<p>Findings:</p> <p>1. Policy No.: HE 38.1.001A, titled "Associate Health Program Infection Control - Employee Health & Education" was reviewed on 2/4/14 at approximately 1:45 PM, and indicated on pg. 3, under Immunizations section and point:</p> <p>A. c. "MMR - Healthcare (HCP) who work in medical facilities should be immune to measles, mumps, and rubella. HCP born in 1957 or later can be considered immune to measles, mumps or rubella only if they have documentation of laboratory confirmation of immunity or record of appropriate vaccination against measles, mumps and rubella...";</p> <p>B. d. "Varicella (chicken pox) - It is recommended that all HCP be immune to Varicella as evidenced by documentation of 2 doses of Varicella vaccine given at least 28 days apart, history of Varicella or herpes zoster based on physician diagnosis or laboratory evidence of immunity..."</p> <p>2. Review of personnel records at approximately 12:30 PM on 2/4/14, indicated personnel P1-P8 and P10 provide direct patient care and lacked documentation of immunization and/or communicable disease history for</p>		<p>each, or 3. Obtain immunizations from their primary care physician or local health department and bring those records to Human Resources. Policy and plan in place that no new employee shall begin employment without proof of immunization. Deb Grimes, RN, Infection Control Nurse and Steven Curry, HR Director, will be responsible to have HR files updated with immunization records by 04-14-14</p>				

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	<p>rubella, rubeola, and Varicella.</p> <p>3. Personnel P15 was interviewed on 2/4/14 at approximately 9:12 AM, and confirmed personnel P1-P8 and P10 provide direct patient care and lacked documentation of immunization and/or communicable disease history for rubella, rubeola, and Varicella as required by facility policy and procedure.</p>			