

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FAS01001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2004</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOMENS MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1725 BROAD STREET CRANSTON, RI 02905</b>
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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) COMPLETE DATE
V 09	<p><b>ORGANIZATION &amp; MANAGEMENT Personnel Health Requirements</b></p> <p>10.2 Personnel Health Requirements</p> <p>10.2 Employment health examination shall be required for each employee and shall include a physician's certification, i.e., documented evidence which shall include but not be limited to:</p> <p>a) Tuberculosis: a licensed physician must certify that the prospective employee is free of tuberculosis based on a physical examination and a negative (&lt;10 mm Mantoux (PPD) tuberculin skin test.</p> <p>i. If the Mantoux test done at the time of employment is positive (&gt;10mm induration) or a previous one is known to have been positive, the physician's certification shall be based on documentation of adequate chemotherapy for tuberculosis or on a chest x-ray taken not more than six (6) months prior to the physician's certification;</p> <p>b) Rubella: Documented evidence of acquired immunity (natural or prior immunization) on or after 12 months of age of the prospective employee shall be required. If the individual is unable to provide documentation of immunity, and is not pregnant, the individual must be immunized with live rubella virus vaccine prior to their contact with patients in lieu of serologic testing in order to determine susceptibility. Vaccination is recommended as preferred alternative to testing for women who are not pregnant and who have no proof of rubella vaccination; and</p> <p>c) Measles: Any person born prior to 1956 shall be considered immune. Persons born after 1956:</p>	V 09		

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 09	<p>Continued From page 1</p> <p>1) Must have documented evidence of natural immunity via physician diagnosed measles; or</p> <p>2) Must have been immunized against measles with a live virus vaccine on or after 12 months of age. (Persons vaccinated prior to 1968 must be revaccinated). or</p> <p>3) Must have documentation that he/she is not a fit subject for immunization for medical reasons.</p> <p>Vaccination is preferred in lieu of serologic testing for immunity for women who are not pregnant.</p> <p>d) Such other appropriate test(s) to control communicable diseases as may be prescribed by the Director of Health.</p> <p>This Requirement is not met as evidenced by: Based on a review of 7 personnel files it has been determined that the facility has failed to comply with the Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers (R23-17-HCW) promulgated by the Department of Health for 7 of 7 employees. ID #'s 1-7.</p> <p>Findings are as follows:</p> <p>There was no evidence of a health examination in 6 of 7 files reviewed. ID #'s 2,3,4,5,6, and 7.</p> <p>There was no evidence of immunization or serologic evidence of acquired immunity for Measles, Mumps and Rubella for 4 of 7 employees. ID #'s 2,3,6 and 7.</p> <p>There was no evidence of Tuberculosis testing based on a two step tuberculin skin test for 6 of 7</p>	V 09		

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V 09	<p>Continued From page 2</p> <p>employees. ID #'s 1,2,3,5,6, and 7.</p> <p>There was no evidence the Hepatitis B vaccine was offered for 3 of 7 employees. Id #'s 5,6,and 7.</p> <p>There is no evidence that the facility offers Influenza (Flu) Vaccine to it's employees. The Administrator confirmed that the facility has not offered Flu vaccine to it's employees.</p>	V 09		