

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001021	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2016
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NAME OF PROVIDER OR SUPPLIER SCP INDIANAPOLIS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7430 N SHADELAND AVE STE 100 INDIANAPOLIS, IN 46250
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S 0000 Bldg. 00	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 005402</p> <p>Survey Date: 01-12/13-2016</p> <p>QA: cjl 02/17/16</p>	S 0000		
S 0228 Bldg. 00	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(4)</p> <p>The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following:</p> <p>(4) Ensure that the center maintains a written transfer agreement with one (1) or more hospitals for immediate acceptance of patients who develop complications or require postoperative confinement, and that all physicians, dentists, and podiatrists performing surgery in the center maintain admitting privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located.</p> <p>Based on document review and</p>	S 0228	S 228/ 410 IAC15-2.4-1 (E)(4) 1.	03/03/2016

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>interview, the governing board failed to assure that 2 of 7 credential files reviewed, MD#2, podiatrist and MD#6, podiatrist, both performing surgery in the facility, maintained admitting privileges at one (1) or more hospitals in the same county, or in an Indiana county adjacent to the county in which the facility is located, or, failed to have a properly written agreement in compliance with a Standing Waiver for 410 IAC 15-2-2.3-1 (e)(4), effective November 21, 2012.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of 7 medical staff credential files indicated files MD#2, podiatrist and MD#6, podiatrist, did not have documentation of admitting privileges from at least one hospital within the county or an Indiana county adjacent to the county in which the ambulatory surgical center is located. 2. Review of a facility document indicated the facility had a Transfer Agreement with Hospital #1, located in an Indiana county adjacent to the county in which the facility is located. 3. Review of an Indiana State Department of Health Program Advisory Letter, entitled Standing Waiver for 410 IAC 15-2-2.3-1 (e)(4), effective 		<p><i>Md#2(Podiatrist)and MD#6(Podiatrist)did not have admitting privileges at one or more hospitals in the same county or adjacent in which the facility is located, that complied with the standing Waiver for 410 IAC 15-2-2.3-1. IDR; MD#6 has admitting privileges that satisfy the standing waiver for IAC 15-2-2.3-1, effective November 21st, 2012. Please refer to page 3 of Attachment A. POC; MD#2 has entered an agreement with the SCP Medical Director to admit patients to the nearby hospital, which MD#2 maintains surgical privileges. The SCP Medical Director also has both admitting and surgical privileges at this facility. This should satisfy the waiver for IAC 15-2-2.3-1, effective November 21st,2012. This agreement will be signed and delivered to the Board of Managers on 3/3/2016.</i></p>	

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S 0710 Bldg. 00	<p>November 21, 2012, indicated podiatrists must provide documentation to the Ambulatory Surgery Center demonstrating that he/she has an agreement with one or more physicians, with admitting privileges in which the podiatrist has surgical privileges, agrees to admit podiatric patients in cases in which a transfer is necessary.</p> <p>4. Review of a facility document indicated Hospital #1 agreed to admit podiatric patients from the ambulatory surgery center. The document was signed by Hospital #1, but not specifically by MD#2 and MD#6.</p> <p>5. Interview of employee #A1, Administrator, on 01-12-2016 at 4:30 pm, confirmed all the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(a)(4)</p> <p>The medical staff shall do the following:</p> <p>(4) Maintain a reasonably accessible hard copy or electronic file for each member of the medical staff, which includes, but is not limited to, the</p>			

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	<p>following:</p> <p>(A) A completed, signed application.</p> <p>(B) The date and year of completion of all Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs, if applicable.</p> <p>(C) A current copy of the individual's:</p> <p>(i) Indiana license showing date of licensure and number or available data provided by the health professions bureau. A copy of practice restrictions, if any, shall be attached to the license issued by the health professions bureau through the appropriate licensing board.</p> <p>(ii) Indiana controlled substance registration showing number as applicable.</p> <p>(iii) Drug Enforcement Agency registration showing number as applicable.</p> <p>(iv) Documentation of experience in the practice of medicine.</p> <p>(v) Documentation of specialty board certification as applicable.</p> <p>(vi) Documentation of privilege to perform surgical procedures in a hospital in accordance with IC 16-18-2-14(3)(C).</p> <p>(D) Category of medical staff</p>			

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	<p>appointment and delineation of privileges approved.</p> <p>(E) A signed statement to abide by the rules of the center.</p> <p>(F) Documentation of current health status as established by center and medical staff policy and procedure and federal and state requirements.</p> <p>(G) Other items specified by the center and medical staff.</p> <p>Based on document review and interview, for 1 (MD#6) of 7 medical staff credential files reviewed, the facility failed to document the practitioner had privileges to perform surgical procedures in at least one hospital within the county or a contiguous Indiana county where the ambulatory surgical center is located.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of 7 medical staff credential files indicated file MD#6, podiatrist, did not have documentation of surgical privileges from at least one hospital within the county or an Indiana county adjacent to the county in which the ambulatory surgical center is located. Interview of employee #A1, Administrator, on 01-12-2016 at 4:30 pm, confirmed the above and no further documentation was provided prior to 	S 0710	<p>S 710/ 410 IAC15-2.5-4 (a)(4) 1. <i>MD#6 (podiatrist) did not have documentation of surgical privileges from at least one hospital within the county or on adjacent to where the ambulatory surgical center is located. IDR;</i> The facility did provide surgical privileges for MD#6 that satisfy the rule <u>410 IAC 15-2.5-4 (a)(4)</u>. Please refer to attachment A.</p>	02/25/2016

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S 1148 Bldg. 00	<p>exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(3)(A)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:</p> <p>(A) Operation, maintenance, and spare parts manuals must be available, along with training or instruction, or both, of the appropriate center personnel, in the maintenance and operation of fixed and movable equipment.</p> <p>Based on document review and interview, it could not be determined the facility would perform preventive maintenance (PM) on a documented maintenance schedule of appropriate frequency, and within the manufacturer's recommended maintenance schedule, for the emergency generator.</p> <p>Findings:</p>	S 1148	<p>S 1148/ 410IAC 15-2.5-7 (b)(3) (A) 1. It could not be determined the facility would perform preventative maintenance (PM) on a documented maintenance schedule of appropriate frequency, and within the manufacturer's recommended schedule, for the emergency generator. IDR; The facility provided both the policy and all documentation of PM on the emergency generator as requested. Refer to attachments</p>	02/25/2016

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S 1154 Bldg. 00	<p>1. On 01-12-2016 at 10:0 am, employee #A1, Administrator, was requested to provide documentation, indicating the facility would perform preventive maintenance (PM) on a documented maintenance schedule of appropriate frequency and within the manufacturer's recommended maintenance schedule for the emergency generator.</p> <p>2. Interview of employee #A1 on 01-13-2016 at 4:15 pm, indicated there was no such documentation available, as requested, and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(3)(C)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:</p> <p>(C) Operational and maintenance control records must be established and analyzed at least triennially.</p>		C and D(1), D(2) and D(3) for both the policy and all documented activities. This tag was also not described by the surveyor during the closing statements, therefor, SCP feels it was documented an error as a carry over from the prior survey.		

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S 1164 Bldg. 00	<p>These records must be readily available on the premises. Based on document and interview, the facility failed to document operational and maintenance control records having been analyzed at least triennially for 3 systems of equipment.</p> <p>Findings include:</p> <p>1. On 01-12-2106 at 10:00 am, employee #A1, Administrator, was requested to provide documentation of the operational and maintenance control records for the emergency generator, smoke detector, and fire alarm systems having been analyzed at least triennially.</p> <p>2. Interview of employee #A1 01-13-2016 at 4:15 pm, employee #A1, confirmed the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(i)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and</p>	S 1154	<p>S 1154/ 410IAC 15-2.5-7 (b)(3) (c) 1. <i>The facility failed to provide documentation that the operational and maintenance control records have been analyzed at least triennially for 3 systems of equipment. (Generator, Smoke Detector and Fire Alarm Systems) IDR; The surveyor was provided documentation of maintenance and control records for all 3 pieces of equipment. Evaluation of the fire alarm and smoke detectors is contracted through the building management, however, the facility retains all records of evaluation. Refer to attachment E. The facility also evaluates contracts annually and presents to the board of managers. Refer to attachment G for the contract evaluation performed for 2015, which was also provided to the Surveyor. Refer to Attachment H also for annual review of the Utility Systems Management Program which was not assumed to be needed but was available at the time of the survey.</i></p>	02/25/2016	

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	<p>maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(i) All patient care equipment must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule.</p> <p>Based on document review and interview, it could not be determined the facility had a documented schedule to conduct preventive maintenance (PM) on 7 pieces of patient care equipment in accordance with acceptable standards of practice or in accordance with the manufacturer's recommended maintenance schedule.</p> <p>Findings include:</p> <p>1. On 01-12-2016 at 10:00 am, employee #A1, Administrator, was requested to provide documentation of a schedule to conduct preventive maintenance (PM) on the following 7 pieces of equipment, in accordance with acceptable standards of practice or in accordance with the manufacturer's recommended</p>	S 1164	<p>S 1164/ 410IAC 15.2.5-7 (b)(4) (B)(i) 1. <i>It could not be determined the facility had a documented schedule to conduct PM on 7 pieces of patient care equipment in accordance with acceptable standards of practice or in accordance with the manufacturer's guidelines. a. Equipment; Cardiac Monitor, Defibrillator, Overhead OR lights, Stretchers, Radiology Equipment, Surgical Table, Wheelchair. IDR; SCP does maintain a schedule and documentation of PM on the equipment listed above. The Safety Officer was not available the date of the survey to provide the new location of this document. This should satisfy the rule 410 IAC 15.2.5-7 (b)(4) (B)(i). Refer to attachment K</i></p>	02/25/2016

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S 1166 Bldg. 00	<p>maintenance schedule:</p> <p>Cardiac monitor Defibrillator Overhead operating room lights Patient stretcher Radiology equipment Surgical table Wheelchair</p> <p>2. Interview of employee #A1 on 01-13-2016 at 4:15 pm, confirmed documentation of a schedule to conduct preventive maintenance (PM) on the above-stated 7 pieces of equipment, in accordance with acceptable standards of practice or in accordance with the manufacturer's recommended maintenance schedule was unavailable. No other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(ii)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p>		scheduled maintenance service report. Refer to attachment L for documentation of performed PM on named equipment.				

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	<p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(ii) There must be evidence of preventive maintenance on all patient care equipment.</p> <p>Based on document review and interview, the facility failed to provide evidence of preventive maintenance (PM) on 7 of 11 pieces of patient care equipment.</p> <p>Findings include:</p> <p>1. On 01-12-2016 at 10:00 am, employee #A1, Administrator, was requested to provide evidence of PM on 11 pieces of patient care equipment.</p> <p>2. Review of facility documents indicated there was no documentation of PM for the following pieces of patient care equipment:</p> <p>Cardiac monitor Defibrillator Overhead operating room lights Patient stretcher Radiology equipment Surgical table Wheelchair</p>	S 1166	<p>S 1166/ 410IAC 15-2.5-7 (b)(4) (B)(ii) 1. The facility failed to provide evidence of PM on 11 pieces of patient care equipment. a. Equipment; Cardiac Monitor, Defibrillator, Overhead OR lights, Stretchers, Radiology Equipment, Surgical Table, Wheelchair....no other equipment listed on the tag? IDR; SCP documents all PM on all patient care equipment, which is performed by a vendor on an annual basis. The Safety Officer was not available the date of the survey to provide the new location of this document. This satisfies the rule 410 AIC 15-2.5-7 (b)(4) (B) (ii). Please refer to attachment L.</p>	02/25/2016

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S 1168 Bldg. 00	<p>3. Interview of employee #A1 on 01-13-2016 at 4:30 pm confirmed there was no documentation available of PM on the above-stated pieces of equipment and no other documentation was provided by exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(iii)</p> <p>(b) The condition of the physical plant and the overall center environment must be developed and maintained in such a manner that the safety and well being of patients are assured as follows:</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(iii) Appropriate records must be kept pertaining to equipment maintenance, repairs, and electrical current leakage checks and analyzed at least triennially.</p> <p>Based on document review and interview, the facility failed to document electrical current leakage checks for 8 of 11 pieces of patient care equipment and</p>	S 1168	S 1168/ 410 IAC 15-2.5-7 (B)(4)(B)(iii) 1. The facility failed to provide evidence of electrical current leakage checks for 8 of 11 pieces of patient care	02/25/2016

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	<p>failed to conduct triennial analysis of the procedures to conduct preventive maintenance (PM) for 9 of 11 pieces of patient care equipment.</p> <p>Findings include:</p> <p>1. On 01-12-2016 at 10:00 am, employee #A1, Administrator, was requested to provide documentation of electrical current leakage checks for 11 pieces of patient care equipment.</p> <p>2. Review of facility documentation provided indicated there was no documentation of current electrical leakage checks for the following pieces of equipment:</p> <p>Cardiac monitor Defibrillator Emergency call code system Overhead operating room lights Patient stretcher Radiology equipment Suction/vacuum pump Surgical table</p> <p>3. Interview of employee #A1 on 01-13-2016 at 4:30 pm confirmed there was no documentation of current electrical leakage checks for the above-stated pieces of equipment.</p>		<p><i>equipment. IDR; SCP documents all Electrical Leakage checks on all patient care equipment, which is performed by a vendor on an annual basis.</i></p> <p><i>The Safety Officer was not available the date of the survey to provide the new location of this document. This satisfies the rule 410 AIC 15-2.5-7(b)(4) (B) (ii). Please refer to attachment L. 2. n/a 3. n/a 4. n/a 5. There was no indication that at least a triennial analysis of the procedures to conduct a PM for the following pieces of equipment. IDR; The facility evaluates contracts annually and presents to the board of managers. Refer to attachment M for the contract evaluation performed for 2015, which was provided to the Surveyor. The facility also evaluates its safety program annually along with associated policies and procedures. Refer to attachment N for the EOC Policy Approval Face Sheet in 2015. Refer to attachment O for annual evaluation on the Medical Equipment Management Program.</i></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001021	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2016
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NAME OF PROVIDER OR SUPPLIER SCP INDIANAPOLIS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7430 N SHADELAND AVE STE 100 INDIANAPOLIS, IN 46250
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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) COMPLETION DATE
	<p>4. On 01-12-2016 at 10:00 am, employee #A1, Administrator, was requested to provide documentation of a triennial analysis of the procedures to conduct PM for 11 pieces of patient care equipment:</p> <p>5. Review of facility documentation provided indicated there was no documentation of a triennial analysis of the procedures to conduct PM for the following pieces of equipment:</p> <p>Cardiac monitor Defibrillator Overhead operating room lights Patient stretcher Radiology equipment Sterilizer Suction/vacuum pump Surgical table Wheelchair</p> <p>6. Interview of employee #A1 on 01-13-2016 at 4:30 pm confirmed there was no documentation of a triennial analysis of the procedures to conduct PM for the above-stated pieces of equipment.</p>			