

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2015
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NAME OF PROVIDER OR SUPPLIER INDIANA ENDOSCOPY CENTERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD, STE 710 INDIANAPOLIS, IN 46202
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S 0000 Bldg. 00	This visit was for a State licensure survey. Facility Number: 006221 Survey Date: 10-05/10-07-2015 QA: JIC 10/20/15	S 0000		
S 0420 Bldg. 00	410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(B) The infection control committee responsibilities must include, but are not limited to, the following: (B) Recommending corrective action plans, reviewing outcomes, and assuring resolution of identified problems. Based on document review and interview, the infection control committee failed to provide corrective action plans for surveillance, implementing corrective and preventive measures, and assuring resolution of identified problems according to its Infection Prevention/Control Plan in 2 instances. Findings:	S 0420	On, 11/23/15, the clinical manager reviewed Policy 107B (Infection Control Plan) and it's communication flow with the Infection Control Committee members. It will be the responsibility of the clinical manager to make sure that this flow of communication is meeting the requirements of policy 107B. Specifically, the clinical manager will follow through on the completion of PI projects and will see that all results will be	11/23/2015

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>1. Review of policy 1.07B, titled Infection Control Plan, revised/reapproved 7/22/14, indicated results of infection control monitoring shall be reported and reviewed by the Infection Control Committee, Quality Assurance Committee, Board of Managers, and professional staff on a quarterly basis or more often as needed.</p> <p>2. Review of Quarterly Infection Prevention/Control Meeting minutes for 9/29/14, indicated employee P11 (Infection Control Nurse/Staff Nurse), and employee P1 (Infection Preventionist) are working on a 10 step for HH (hand hygiene). Further review of the meeting minutes indicated the facility will complete a performance improvement study related to scope reprocessing.</p> <p>3. Review of Quarterly Infection Prevention/Control Meeting minutes dated 10/30/14, 1/30/15, and 6/30/15, indicated there was no documentation of any data collected or actions taken regarding hand hygiene and scope reprocessing.</p> <p>4. In interview, on 10/6/15 at approximately 1515 hours, employee P1 confirmed there was no documentation at</p>		communicated to the Infection Control Committee, the QA Committee, Clinical staff and BOM's per policy 107B.	

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S 1154 Bldg. 00	<p>the above-mentioned Infection Prevention/Control meetings of 10/30/14, 1/30/15, and 6/30/15, 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. These records must be readily available on the premises. Based on 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:</p>	S 1154	On 11/23/15, the clinical manager recieved a letter from Deem Mechanical that stated that the PM services they provide are completed according to manufactuer guidelines. (see attached)The clinical manager will see that this information is received from Deem Mechanical at least triennially.	11/23/2015

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	<p>1. On 10-05-2015 at 10:15 am, employee #A2, Clinical Manager, was requested to provide documentation of the operational and maintenance control records for the heating, ventilation, and cooling systems having been analyzed at least triennially, for the Indianapolis and offsite Avon facility locations.</p> <p>2. In interview on 10-08-2015 at 10:25 am, employee #A2, indicated there was no documentation , as requested above, and no other documentation was provided prior to exit.</p>				