

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001058	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2011
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NAME OF PROVIDER OR SUPPLIER  THE ENDOSCOPY CENTER AT ST FRANCIS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8051 S EMERSON AVE STE 150 INDIANAPOLIS, IN46237
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O0000	<p>This visit was for a re-certification survey.</p> <p>Facility Number: 008858</p> <p>Survey Date: 11-7/9-11</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QAQ: claughlin 11/22/11</p>	O0000		
O0103	<p>[The ASC must provide a functional and sanitary environment for the provision of surgical services.] The ASC must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities. Based on interview and document review, the facility failed to terminally clean the procedure room floors daily with an EPA registered disinfectant.</p> <p>Findings include:</p>	O0103	Laura Allen, RN, Clinical Director contacted Hector Rosario of GSF Cleaning Services that provides the housekeeping services for the ASC and selected the disinfectant cleaner that is currently being used on all horizontal surfaces and high touch areas of the	11/30/2011

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 <b>410 IAC 1-4-8 (4)</b> indicates the following: "Environmental surfaces and equipment not requiring sterilization that have been contaminated by blood or other potentially infectious materials shall be cleaned with an absorbent material prior to disinfection. Disinfectant solutions shall be a: (A) germicide registered with the Environmental Protection Agency (EPA) for use as a hospital disinfectant and labeled tuberculocidal or registered germicide with specific inactivation claims against HIV and HBV; or (B) sodium hypochlorite solution dated and not used after twenty-four (24) hours old as follows: (i) A minimum of 1:100 dilution (one-quarter (1/4) cup of five and twenty-five hundredths percent (5.25%) common household bleach in one (1) gallon of water).</p> <p>2. On 11-09-11 at 1705 hour,s staff #40 confirmed that housekeeping staff use Tribase 17 on procedure room floors 4 nights a week and use Green 256 1 time a week on procedure room floors.</p> <p>3. Review of the Tribase 17</p>		<p>procedure rooms, which is also approved for use on the floors. The disinfectant cleaner is called VirexII 256 and is approved by the EPA, on list D, as a registered antimicrobial product effective against HIV-1 and Hepatitis B. (copy attached of List D listing). Laura Allen RN, Clinical Director is responsible for periodic monitoring of the effectiveness and proper protocols for the housekeeping services for the ASC. The housekeeping staff has been instructed by Laura Allen, Clinical Director, and Hector Rosario, Housekeeping Supervisor, of the use of VIREX II 256 for floor disinfection and instructed to be used in each procedure room at the end of each day to terminally clean the procedure room floors. Laura Allen RN, Clinical Director is responsible to ensure that VirexII 256 is being used on the floors of the procedure rooms, every night, for terminally cleaning the procedure rooms.</p>		

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O0221	<p>manufacturer's label lacked documentation of being a germicide registered with the Environmental Protection Agency (EPA) for use as a hospital disinfectant and labeled tuberculocidal or registered germicide with specific inactivation claims against HIV and HBV.</p> <p>The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands.</p> <p>Based on document review and interview, the patient rights given in written form to the patient or patient's representative in advance of the date of the procedure, lacked 1 of 14 required elements.</p> <p>Findings:</p> <p>1. Review of the facility's patient bill of rights, given in written form to the patient or patient's representative in advance of the date of the procedure, lacked all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.</p>	O0221	<p>The ASC does provide the patient or the patient's representative with verbal and written notice of the Patient's Rights in advance of the date of the procedure, in a language that states " To receive care in a safe setting, free from all forms of abuse or harassment." Laura Allen RN, Clinical Director corrected the notice of Patient's Rights to reflect the language to state " To receive care in a safe setting, free from all alleged violations/grievances relating , but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse." This has been corrected and sent to the printer for correction and new forms requested. Once the corrected form notices of the Patient Rights</p>	11/30/2011			

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Q0222	<p>2. On 11-9-11 at 3:00 pm, upon interview, employee #A2 indicated the above-stated patient right was not included in the facility's patient rights, given in written form to the patient or patient's representative in advance of the date of the procedure and no further documentation was provided prior to exit.</p> <p>In addition, the ASC must - Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.</p> <p>Based on document review and interview, the posted patient rights lacked 1 of 14 required elements.</p> <p>Findings:</p> <p>1. Review of the facility's patient rights, posted in the reception area, indicated lack of all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.</p> <p>2. On 11-9-11 at 3:00 pm, upon interview, employee #A2 indicated the</p>	Q0222	<p>are received, by 12/09/2011 they will be placed in the pre-appointment packets that are received by the patients prior to their procedure appointment. Copy of corrected Patient Rights and Responsibilities is attached for review. Laura Allen RN, Clinical Director is responsible to make this correction and have placed in the pre-procedure packets.</p> <p>The ASC does post the Patient's Rights notice in the waiting room to be noticed by patients (or their representatives, if applicable) waiting for treatment. It does include the name, address and telephone number of a representative in the State Agency to whom patients can report complaints, as well as, the Web site for the Office of the Medicare Beneficiary Ombudsman. It also states in the Patient's Rights notice the language " To receive care in a safe setting, free from all forms of abuse or harassment." Laura Allen RN, Clinical Director corrected the notice of</p>	11/30/2011			

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S0432	<p>above-stated patient right was not included in the facility's posted patient rights and no further documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-1(f)(2)(E)(iii)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p> <p>(E) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(iii) Cleaning, disinfection, and sterilization.</p> <p>Based on interview and document, review the facility failed to ensure that procedure room floors were cleaned daily with a disinfectant.</p> <p>Findings include:</p> <p>1. Review of <b>410 IAC 1-4-8 (4)</b> indicates the following: "Environmental surfaces and equipment not requiring sterilization that have been contaminated by</p>	S0432	<p>Patient's Rights to reflect the language to state " To receive care in a safe setting, free from all alleged violations/grievances relating , but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse." Laura Allen RN, Clinical Director, is responsible for this correction of the posting of Patient Rights in the waiting room and has been completed as of 12/3/2011.</p> <p>Laura Allen, RN, Clinical Director contacted Hector Rosario of GSF Cleaning Services that provides the housekeeping services for the ASC and selected the disinfectant cleaner that is currently being used on all horizontal surfaces and high touch areas of the procedure rooms, which is also approved for use on the floors. The disinfectant cleaner is called VirexII 256 and is approved by the EPA, on list D, as a registered antimicrobial product effective against HIV-1 and Hepatitis B.</p>	11/30/2011	

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	<p>blood or other potentially infectious materials shall be cleaned with an absorbent material prior to disinfection. Disinfectant solutions shall be a:</p> <p>(A) germicide registered with the Environmental Protection Agency (EPA) for use as a hospital disinfectant and labeled tuberculocidal or registered germicide with specific inactivation claims against HIV and HBV; or</p> <p>(B) sodium hypochlorite solution dated and not used after twenty-four (24) hours old as follows:</p> <p>(i) A minimum of 1:100 dilution (one-quarter (1/4) cup of five and twenty-five hundredths percent (5.25%) common household bleach in one (1) gallon of water).</p> <p>2. On 11-09-11 at 1705 hours, staff #40 confirmed that housekeeping staff use Tribase 17 on procedure room floors 4 nights a week and use Green 256 1 time a week on procedure room floors.</p> <p>3. Review of the Tribase 17 manufacturer's label lacked documentation of being a germicide registered with the Environmental Protection Agency (EPA) for use as a hospital disinfectant and labeled</p>		<p>(copy attached of List D listing). Laura Allen RN, Clinical Director is responsible for periodic monitoring of the effectiveness and proper protocols for the housekeeping services for the ASC. The housekeeping staff has been instructed by Laura Allen, Clinical Director, and Hector Rosario, Housekeeping Supervisor, of the use of VIREX II 256 for floor disinfection and instructed to be used in each procedure room at the end of each day to terminally clean the procedure room floors. Laura Allen RN, Clinical Director is responsible to ensure that VirexII 256 is being used on the floors of the procedure rooms, every night, for terminally cleaning the procedure rooms.</p>	

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S0782	<p>tuberculocidal or registered germicide with specific inactivation claims against HIV and HBV.</p> <p>410 IAC 15-2.5-4(b)(3)(O)</p> <p>These bylaws and rule must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(O) A provision for personnel authorized to take a verbal order. Based on document review, the facility failed to ensure that facility policy/procedure for verbal orders was followed for 3 of 3 medical records (MR) that included verbal orders (Patient #2, 3 &amp; 4).</p> <p>Findings include:</p> <p>1. Review of policy/procedure Verbal Orders indicated the following: "F. The giver will counter-sign the order within 24 hours." This policy/procedure was last reviewed/revised on 12-20-10.</p> <p>2. Review of patient #2's MR indicated the following verbal orders were written: "Administer 0.4 mg/1 ml Narcan to reverse sedation x 2 Administer 0.2 mg (2ml) Flumazenil IV Administer D5.45 NaCl (500cc) at K.O.</p>	S0782	The Policy/Procedure titled "Verbal Orders" was reviewed by Laura Allen, Clinical Director, and by J. Scott Buckley MD, Medical Director. The policy was updated to reflect "F. The giver must counter-sign/authenticate, time and date the order within 48 hours of when the order was entered." The physician staff will be educated by J Scott Buckley, Medical Director, at the physicians staff and board meeting scheduled on December 12, 2011 at 6 pm. Laura Allen RN, Clinical Director will have an inservice and educational offering for the RN staff on December 8, 2011 at 3:30 pm which will review the updated policy and educate the RN staff on receiving and documenting verbal orders. They will be instructed to receive the physicians authentication cosigning of the order as well as the time and date of when the physician cosigns the verbal	12/08/2011	

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	<p>rate Apply O2 / NC @ 2 LPM Transfer pt per ambulance" The verbal orders lacked documentation of date and time given and date and and time signed by giver of verbal orders.</p> <p>3. Review of patient #3's MR indicated the following verbal orders were written: "Give 2 mg Narcan IV now. Give 4 mg Zofran PO now. Transfer to ER." The verbal orders lacked documentation of date and time given and date and and time signed by giver of verbal orders.</p> <p>4. Review of patient #4's MR indicated the following verbal orders were written: "Transfer to ER now. Leave R AC IV in for transfer." The verbal orders lacked documentation of date and time given and date and and time signed by giver of verbal orders.</p>		<p>order. Copy of the update Verbal Order policy is attached. Laura Allen RN, Clinical Director is responsible to review verbal orders that are given and that the correct documentation and authentication items are in place by the RN staff and by the physician providers. Medical Record staff have been informed to notify involved staff members when analyzing charts for completion and it is found that verbal orders are present and not authenticated along with time and date. The Clinical Director, Laura Allen RN, will also be notified so that she can follow up with proper staff members if educational counseling or disciplinary counseling is indicated.</p>		