

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001038		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/22/2012	
NAME OF PROVIDER OR SUPPLIER IMA ENDOSCOPY SURGICENTER PC				STREET ADDRESS, CITY, STATE, ZIP CODE 8895 BROADWAY MERRILLVILLE, IN 46410			
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Q0000	<p>This visit was for a recertification survey.</p> <p>Facilty #: 006124</p> <p>Dates of Survey: 02/21-22/12</p> <p>Surveyors: ReBecca Lair Medical Surveyor Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 03/01/12</p>			O0000			

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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Q0081	<p>416.43(a), 416.43(c)(1) PROGRAM SCOPE; PROGRAM ACTIVITIES</p> <p>(a)(1) The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.</p> <p>(a)(2) The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.</p> <p>(c)(1) The ASC must set priorities for its performance improvement activities that -</p> <ul style="list-style-type: none"> (i) Focus on high risk, high volume, and problem-prone areas. (ii) Consider incidence, prevalence, and severity of problems in those areas. (iii) Affect health outcomes, patient safety, and quality of care. <p>Based on document review and interview, the facility failed to quarterly review quality and improvement program status.</p> <p>Findings:</p> <p>1. On February 21, 2012 at 2pm, review of documentation and interview with Employee #A2 indicated that review of quality assessment and improvement by the Governing Body occurred twice annually and for some programs/services only</p>	00081	Quality improvement meetings are now scheduled quarterly for the remainder of the year; a Governing Body meeting is scheduled for the week after the QI meeting. The QI meeting for 4th Quarter 2011 is scheduled for 3-15-12; Gov Body will meet 3-21-12. 1st Quarter 2012 QI - 5-24-12; Gov Body 5-30-12 2nd Quarter 2012 QI - 8-2-12; Gov Body 8-8-12 3rd Quarter 2012 QI - 11-8-12; Gov Body 11-14-12 The Clinical Director/Administrator is responsible for monitoring compliance and preventing	04/25/2012

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	annually reviewed.		reoccurrence of the deficiency. The schedule above will be followed barring unforeseen circumstances which may cause a reschedule of the meeting. New schedules will be formatted each year.		

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S0110	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (a)(5)</p> <p>The governing body shall do the following:</p> <p>(5) Review, at least quarterly, reports of management operations, including, but not limited to, quality assessment and improvement program, patient services provided, results attained, recommendations made, actions taken, and follow-up.</p> <p>Based on document review and interview, the facility failed to quarterly review quality and improvement program status.</p> <p>Findings:</p> <p>1. On February 21, 2012 at 2pm, review of documentation and interview with Employee #A2 indicated that review of quality assessment and improvement by the Governing Body occurred twice annually and for some programs/services only annually reviewed.</p>	S0110	<p>Quality improvement meetings are now scheduled quarterly for the remainder of the year; a Governing Body meeting is scheduled for the week after the QI meeting. The QI meeting for 4th Quarter 2011 is scheduled for 3-15-12; Gov Body will meet 3-21-12. 1st Quarter 2012 QI - 5-24-12; Gov Body 5-30-12 2nd Quarter 2012 QI - 8-2-12; Gov Body 8-8-12 3rd Quarter 2012 QI - 11-8-12; Gov Body 11-14-12 The Clinical Director/Administrator is responsible for monitoring compliance and preventing reoccurrence of the deficiency. The schedule above will be followed barring unforeseen circumstances which may cause a reschedule of the meeting. New schedules will be formatted each year.</p>	04/25/2012	