

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001087	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/19/2013
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY SURGERY CENTER EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 5445 E 16TH ST INDIANAPOLIS, IN 46218
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 010817</p> <p>Survey Date: 6-17/19-13</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Deborah Franco, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 06/20/13</p>	S000000		

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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S000836	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(c)(1)(F)(iv)</p> <p>The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:</p> <p>(F) The delineation of preanesthesia, intra-operative, and postanesthesia responsibilities as follows:</p> <p>(iv) The requirement that all postoperative patients shall be discharged from the postanesthetic care unit by the practitioner described in clause (C) as responsible for the patient's care in accordance with center policy.</p> <p>Based on document review and interview, the facility failed to implement its policy requiring an order from the attending physician to discharge a patient in 4 of 30 medical records reviewed (N2, N25, N27, N29).</p> <p>Findings included:</p> <p>1. Facility policy "Anesthesia-Criteria For Discharge from ISCE", last reviewed/revised 10-13-2011, provided on page 1, A, "Discharge from the Indiana Surgery Center will require: 1. An order from the attending physician".</p>	S000836	<p>1. All Patient Room RN's will be re-educated around the policy "Anesthesia Criteria for Discharge from Surgery Center" involving an order to discharge the patient when discharge criteria met. 2. EMR audits will be conducted to confirm an order by the anesthesiologist or attending surgeon is ordered prior to discharge. 3. Patient Room Coordinators in conjunction with the Clinical Director.</p>	07/19/2013			

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	<p>2. During review of medical records on 6-17, 6-18, and 6-19-2013:</p> <p>a. N2 was admitted 12-28-2012 for revision of an AV shunt, and was released from care to a responsible party. The medical record lacked an order to discharge N2.</p> <p>b. N25 was admitted 5-21-2013 for a breast biopsy, and was released from care to a responsible party. The medical record lacked an order to discharge N25.</p> <p>c. N27 was admitted 4-17-2013 for a cataract extraction, and was released from care to a responsible party. The medical record lacked an order to discharge N27.</p> <p>d. N29 was admitted 3-27-2013 for a tubal ligation, and was released from care to a responsible party. The medical record lacked an order to discharge N29.</p> <p>3. During interview with S2 on 6-19-2013 at approximately 2:00 PM, S2:</p> <p>a. verified the findings in the medical records for N2, N25, N27, and N29 that no order for discharge from the attending physician was documented.</p> <p>b. indicated that a physician may have given a verbal order to discharge the patients above, but that no verbal order was documented, as would have been required by facility policy.</p>				

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S001178	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(5)(B)</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>(5) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following:</p> <p>(B) Refuse, biohazards, infectious wastes, and garbage must be collected, transported, sorted and disposed of by methods that will minimize nuisances or hazards according to federal, state, and local laws and rules.</p> <p>Based on document review and interview, the facility policy for handling refuse and garbage, did not include the disposal of refuse and garbage.</p> <p>Findings:</p> <p>1. Review of the facility's policy manual, approved 10-13-11, in a section entitled <i>Cleaning Specifications for the Surgery Center at Community East</i>, indicated areas to be cleaned, and then various activities to be done within those areas, such as empty waste baskets and replace</p>	S001178	<p>1. Policy "Contracted Services Cleaning Specifications" has been updated to describe where to dispose of refuse and garbage. (See attached A)2. Policy will be reviewed yearly for discrepancies in practice. 3. Executive Director</p>	07/11/2013			

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	<p>liners, remove liners from trash cans and sanitize, and empty building interior and exterior waste baskets and replace liners. Further review indicated there was no description of where to dispose of refuse and garbage.</p> <p>2. In interview, on 6-19-13 at 2:25 pm, employee #A3 confirmed the above and no other documentation was provided prior to exit.</p>				