

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001121		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/28/2012	
NAME OF PROVIDER OR SUPPLIER SOUTHWEST SURGICAL SUITES				STREET ADDRESS, CITY, STATE, ZIP CODE 7920 W JEFFERSON BLVD STE 210 FORT WAYNE, IN 46804			
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S000000	<p>The visit was for a licensure survey.</p> <p>Facility Number: 003212</p> <p>Survey Date: 12-27-12 to 12-28-12</p> <p>Surveyors: Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>Linda Plummer, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 01/03/13</p> <p>4/1/13 Revised due to IDR</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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S000780	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(3)(N)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(N) A requirement that all practitioner orders are in writing or acceptable computerized form and must be authenticated by a responsible practitioner as allowed by medical staff policies and within the time frames specified by the medical staff and center policy not to exceed thirty (30) days.</p> <p>Based on policy and procedure review, patient medical record review, and staff interview, the nursing staff failed to implement the facility policy related to the mobile orders for 2 of 2 patients with mobile orders (pts. # 5 and #8).</p> <p>Findings: 1. at 4:00 PM on 12/27/12 and 9:25 AM on 12/28/12, review of the policy and procedure related to "Orders-Prescriptions, Standing, Verbal" with a last revision date of 06/02/11 and a policy number of POS 17.28, indicated: a. on page 2 under the section "D. Mobile device orders", it reads: "1. Licensed individuals may accept orders within the limitations of their qualifications per a secure system mobile</p>	S000780	<p>Deficiency S780 will be corrected though the following steps: Policies will be reviewed and amended as applicable. Anne Haddix, Administrator, will review with the Facility Staff the new procedures and amended polices at an Unit Staff Meeting by 02/8/13. Anne Haddix, Administrator, will instructed Med Recs Systems to closely monitor the Medical Record for compliance beginning in the second quarter 2013 quarterly review. Anne Haddix, Administrator will review the corrective action plan at the next meeting with the Medical Executive Committee on 02/21/12. A report and measured compliance will also be presented at the quarterly Medical Executive meetings as a part of the Quality</p>	02/21/2013

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	<p>device...3. The receiver will send a repeat order back to the physician for verification. 4. The receiver will record the order in the medical record, sign or initial the entry, and identify it as VMO (verbal mobile order) and RV (repeated and verified)."</p> <p>2. at 12:35 PM on 12/27/12 and 1:00 PM on 12/28/12, review of patient medical records indicated:</p> <p>a. pt. N5 had a physician order written on 10/3/12 at 0925 hours that reads: "Zithromax - Take as directed on package. Disp 1 pack, no refills MO R/V Dr.../...RN"</p> <p>b. pt. N8 had a physician order written on 1/25/12 at 1110 hours that reads: "May give Toradol 30 mg IV (intravenously) now for c/o (complaint of) pain. MO R/V Dr.../...RN"</p> <p>3. interview with staff member #51, the Administrator/Clinical Director, at 4:10 PM on 12/28/12, indicated:</p> <p>a. the mobile device policy is intended to include physician phone texts and e-mails to the facility along with mobile phone orders</p> <p>b. if physicians send an e-mail order, it should be printed out as a fax'd order for physicians to authenticate per facility policy</p> <p>c. it cannot be determined how text and</p>		Management Program beginning second quarter 2013. The Board of Managers will be presented the corrective action plan and report of compliance for review and approval on 02/28/13.	

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	e-mail orders can be repeated and verified d. nursing did not write the mobile orders per facility policy which states the order is to be written as a VMO (nursing wrote only MO)			

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S000920	<p>410 IAC 15-2.5-5 PATIENT CARE SERVICES 410 IAC 15-2.5-5(b)</p> <p>(b) Written patient care policies and procedures shall be available to personnel and shall include, but not be limited to, the following: Based on policy and procedure review, patient medical record review, and staff interview, the nursing supervisor failed to ensure the implementation of the policy related to post procedure follow up phone calls for 1 of 3 pediatric patients (pt. # 13).</p> <p>Findings: 1. at 4:00 PM on 12/27/12 and 9:25 AM on 12/28/12, review of the policy and procedure related to "Post-Operative Telephone Assessment", with a most recent revision date of 06/02/11, and a policy number of PACU 15.09, indicated: a. under "Procedure", in section D., it reads: "In the event the patient is unable to be reached on the first attempt, a total of three repeated attempts will be made within 2-3 business days..."</p> <p>2. at 1:00 PM on 12/28/12, review of patient records N8 to N14 indicated: a. pt. N13, a 2 year old patient, had documentation on the form titled "Post-op Telephone Survey" of two attempts at reaching family for a post op phone</p>	S000920	<p>Deficiency S920 will be corrected though the following steps: Policies will be reviewed and amended as applicable. Anne Haddix, Administrator, will review with the Facility Staff the new procedures and amended polices at an Unit Staff Meeting by 02/8/13. Anne Haddix, Administrator, will instructed Med Recs Systems to closely monitor the Medical Record for compliance beginning in the second quarter 2013 quarterly review. Anne Haddix, Administrator will review the corrective action plan at the next meeting with the Medical Executive Committee on 02/21/12. A report and measured compliance will also be presented at the quarterly Medical Executive meetings as a part of the Quality Management Program beginning second quarter 2013. The Board of Managers will be presented the corrective action plan and report of compliance for review and approval on 02/28/13.</p>	02/21/2013	

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	<p>survey (one attempt on 9/28/11 at 1000 hours and another on 9/29/11 at 1010 hours with both documented as "no answer")</p> <p>3. interview with staff member #51, the Administrator/Clinical Director, at 3:10 PM on 12/28/12, indicated:</p> <p>a. it was thought that there was no policy requirement related to the number of attempts to be made for a post op telephone survey</p> <p>b. a third attempt to reach pt. #13 is lacking</p> <p>c. the signature of the nurse making the second attempted call is missing, as well</p>			

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S001146	<p>410I AC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(2)</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>(2) No condition may be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on blanket warmer instruction manual review, manufacturer of the IV products letter review, observation and staff interview, the facility failed to ensure that no condition was created that might result in a hazard (burning) as related to the blanket warmer in the sub sterile room between OR suites #1 and #2.</p> <p>Findings: 1. at 12:35 PM on 12/28/12, review of the AMSCO/STERIS blanket warmer manual indicated: a. on page 1-1, in the "Summary of Warnings and Cautions", it reads: "...Do not use liquids on - or in - living tissue unless actual liquid temperature has been measured and is acceptable. Temperature of warming cabinet contents may be hotter than the displayed chamber air</p>	S001146	<p>Deficiency S1146 will be corrected though the following steps: Policies will be reviewed and amended as applicable. Biomedical will be contacted for review of accurate functionality of the warmer. Anne Haddix, Administrator, will review with the Facility Staff the new procedures and amended polices at an Unit Staff Meeting by 02/8/13. Anne Haddix, Administrator will review the corrective action plan at the next meeting with the Medical Executive Committee on 02/21/12. A report and measured compliance will also be presented at the quarterly Medical Executive meetings as a part of the Quality Management Program beginning second quarter 2013. The Board of Managers will be presented the corrective action plan and report of compliance for review and approval on 02/28/13.</p>	02/21/2013			

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	<p>temperature. For patient safety, in accordance with good medical practice, always check liquid temperature prior to using."</p> <p>b. on page 3-4, in the "Operating Instructions" section, it reads in the "Loading Techniques" area: "...2. Temperature of solutions is the responsibility of the surgeon and is a matter of individual professional judgement and practice. In general, temperature of solutions should not exceed 105 degrees F (40 degrees C) and should always be checked prior to use. 3. In all cases, solutions should be checked before using for safe patient temperature with a sterile-certified thermometer or equivalent reliable means. Solution bags should be checked prior to use by pouring and checking a sampling of contents..."</p> <p>2. at 12:40 PM on 12/28/12, review of the letter to the facility from the manufacturer of the IV products indicated:</p> <p>a. "...Solutions can be warmed in their overpouches to temperatures not exceeding: 1. 45 degrees C (113 degrees) and for a period no longer than 14 days..."</p> <p>3. at 12:10 PM on 12/28/12, while on tour of the surgical area of the facility in the company of staff members #51, the</p>			

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	<p>Administrator/Clinical Director, and #52, a registered nurse, it was observed that the Amsco/Steris blanket warmer:</p> <ul style="list-style-type: none"> a. was set to warm to a temperature of 110 degrees in both the upper and the lower cabinets b. had an actual temperature reading of 118 degrees for the upper cabinet and 115 for the lower cabinet c. had a purchased thermometer placed on a shelf of the lower cabinet (near the door) that staff member #52 said read at 102 degrees d. had >6 1000 cc Baxter IV solution bags warming in the lower cabinet that lacked dating to determine a 14 day removal <p>4. at 12:15 PM on 12/28/12, interview with staff member #52 indicated:</p> <ul style="list-style-type: none"> a. the IV solutions in the warmer are not dated with the 14 day maximum warming date as "we use them within the two week expiration" b. the facility follows the purchased thermometer degree reading of 102 instead of the the warmer's read out temperatures of 115 and 118 c. it is unknown why the cabinets read at 115 and 118 degrees when they are set on 110 degrees d. it cannot be determined which is an accurate temperature 			

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	<p>5. at 4:10 PM on 12/28/12, interview with staff members #51 and #52, indicated:</p> <ul style="list-style-type: none"> a. with the purchased thermometer on the front edge of the shelf of the lower cabinet, each time the door opens will affect the reading and possibly not be an accurate reading b. the staff does not check the temperature of solutions in the bags prior to patient infusion, for patient safety, as recommended in the manufacturer's manual c. there is a discrepancy between the recommended solution temperature between the solution manufacturer's letter and the warming cabinet manual d. the cabinet temperatures of 115 and 118 were above both recommended temperatures for solutions (105 for one and 113 degrees for the other) e. it cannot be determined if IV solutions are always used within the 14 day warming maximum since the solution bags are not being dated when placed within the cabinet 			