

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2015
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NAME OF PROVIDER OR SUPPLIER CBC LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5355 COMMERCE BLVD CROWN POINT, IN 46307
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S 0000 Bldg. 00	This visit was for a State licensure survey. Facility Number: 012060 Survey Date: 9-15-2015 to 9-17-2015 QA: JL 09-30-15	S 0000		
S 0230 Bldg. 00	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(5) The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following: (5) Provide for a periodic review of the center and its operation by a utilization review or other committee composed of three (3) or more duly licensed physicians having no financial interest in the facility. Based on document review and interview, the facility failed to provide for a periodic review of the facility and its operation by a utilization review committee composed of three (3) or more duly licensed physicians having no financial interest (ownership) in the facility.	S 0230	We have removed the two physician owners from the group of 19 providers that were doing utilization review & immediately have begun having only non-owners complete utilization review This change will become official at the quarterly meeting on 10/12/15	10/12/2015

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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S 1146	<p>Findings:</p> <ol style="list-style-type: none"> Review of minutes entitled Medical Executive Committee & Quality Council Meeting, 3rd Quarter 2014, Tuesday, September 29, 2014, indicated the following were present: MD#8 - gynecologist, owner MD#7 - otolaryngologist, owner Employee #A2 - Administrator MD#5 - DO, otolaryngologist MD#6 - gastroenterologist MD#4 - plastic MD#9 - gynecologist MD#10 - DO, orthopedist Further review of the above document indicated there was peer review of medical records (*1st Quarter & 2nd Quarter 2014) of surgeons and anesthesia. In interview, on 9-15-2015 at 2:45 pm, employee #A2, Administrator, confirmed all the above. Employee #A2 also indicated all the above-stated individuals conducted the review, including owners MD#8 and MD#7. No other documentation was provided prior to exit. 						
	410I AC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT						

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Bldg. 00	<p>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 observation, the hospital created a conditions which resulted in a hazard to patients, public or employees in 1 instance.</p> <p>Findings:</p> <p>1. On 9-17-2015 at 12:10 pm, in the presence of employee #A2 , Administrator, it was observed in the reception area there was an alcohol-based hand sanitizer (ABHS) affixed to a wall in an area that was carpeted and had no overhead water sprinkler.</p> <p>2. The use of an ABHS in an area carpeted and without an overhead water sprinkler posed a fire hazard if the alcohol substance got into the carpet.</p>	S 1146	Immediately following this discovery, we removed the alcohol based hand sanitizer dispenser from that location	09/25/2015			
S 1188 Bldg. 00	410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE,						

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	<p>410 IAC 15-2.5-7(c)(4)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(4) A written fire control plan that contains provisions for the following:</p> <p>(A) Prompt reporting of fires. (B) Extinguishing of fires. (C) Protection of patients, personnel, and guests. (D) Evacuation. (E) Cooperation with firefighting authorities. (F) Fire drills.</p> <p>Based on document review and interview, the facility's fire control plan failed to contain a provision for cooperation with firefighting authorities in 1 instance.</p> <p>Findings:</p> <p>1. Review of facility policy EOC.LS.201.00, entitled FIRE PLAN CODE RED, approved 1-30-2014, indicated only on the order of the Administrator, designee, or the Fire Department officer in charge, will patients be evacuated to outside the facility. Further review indicated the policy did not have any other provision for cooperation with firefighting authorities.</p>	S 1188	An updated fire control plan has been created and is scheduled to be reviewed and approved at a quarterly meeting on 10/12/15 Language was added that we will cooperate fully with firefighting authorities	10/12/2015			

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S 1210 Bldg. 00	<p>2. In interview, on 9-17-2015 at 11:30 am, employee #A2, Administrator, confirmed all the above and no further documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-8 RADIOLOGY SERVICES 410 IAC 15-2.5-8(c)(1)</p> <p>(c) All centers shall comply with all regulations set forth in this rule and with 410 IAC 5, when radiology services are provided on-site by the center, including, but not limited to the following:</p> <p>(1) Radiology services must be supervised by a radiologist or radiation oncologist.</p> <p>Based on document review and interview, the hospital failed to document the radiology services were supervised by a radiologist or radiation oncologist as determined by the medical staff.</p> <p>Findings:</p> <p>1. Review of a document indicated as of September 1, 2014, I [MD#7] Medical Director], accept responsibility ... for supervising the provision of radiology services.</p> <p>2. In interview, on 9-17-2015 at 10:10</p>	S 1210	At today's meeting, we will appoint a licensed Radiologist as the supervising Radiologist	10/12/2015

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	am, employee #A2, Administrator, indicated MD#7 was not a radiologist or radiation oncologist. No documentation was provided prior to exit.				