

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/30/2012
NAME OF PROVIDER OR SUPPLIER APAC SURGERY CENTER II LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 11460 S BROADWAY CROWN POINT, IN 46307		
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Q0000	<p>This visit was for a recertification survey.</p> <p>Facility Number: 002683</p> <p>Survey Date: 10/29/2012 & 10/30/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 11/08/12</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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Q0245	<p>416.51(b)(3) INFECTION CONTROL PROGRAM - RESPONSIBILITIES The program is - Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.</p> <p>Based on policy and procedure review, personnel record review, and staff interview, the infection control committee failed to ensure documentation of the communicable disease history and/or immunization status for 2 of 8 (P6 and P8) personnel files reviewed.</p> <p>Findings:</p> <p>1. Policy titled, "Tuberculosis Infection Control Program" was reviewed on 10/30/12 at approximately 10:35 AM and indicated on pg. 1, under Practices & Procedures section, points A.1.c. and C.2., "The Executive Director shall assess the risk of exposure to tuberculosis in the facility annually as follows...Verify that no employees have tested positive for tuberculosis...All employees shall have the PPD (purified protein derivative) test performed annually."</p> <p>2. Review of personnel files on 10/29/12 at 12:23 PM, indicated: A. P6 form titled, "Employee Physical</p>	00245	<p>1. How are you going to correct the deficiency?The deficiency was corrected by a repeat Mantoux test for employees on forms P6 and P8. The time and date of administration was documented. Step one of the test was administered Tuesday November 13th at 14:55 for one staff member and Thursday November 15th 14:58 for the second staff member. The tests were read and found negative Thursday November 15th at 15:00 and 15:05 for the staff members. These findings and times were documented on the forms of each staff member. The documentaion on forms are attached as "Exhibit C" and "Exhibit D".2. How are you going to prevent the deficiency from recurring in the future?To prevent the recurrence of this deficiency a spreadsheet is in place with all of the TB test annual retest dates. This spreadsheet is reviewed monthly at the first of the month by the Nursing Supervisor and Administrator. All TB tests needing renewal within the month will be completed before the</p>	11/15/2012			

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	<p>Mantoux Test" lacked the time the PPD was administered on 9/24/12. It stated to interpret the results within 48-72 hours.</p> <p>B. P8 form titled, "Employee Physical Mantoux Test" lacked the date and time the PPD was administered on 9/24/12. It stated to interpret the results within 48-72 hours.</p> <p>3. Personnel P1 was interviewed on 10/30/12 at approximately 11:30 AM and confirmed the above-mentioned personnel provide direct patient care and lacked date and/or time on the form titled, " Employee Physical Mantoux Test " . Therefore, it could not be determined that the test was read within 48-72 hours as required. The date and time was written in as a correction by the facility administrator on P8's form after the surveyor requested a copy, but was blank at the time the personnel record was reviewed. This was done by the administrator to correct the error.</p>		<p>required date. The spreadsheet is attached and labeled as "Exhibit B". 3. Who is going to be responsible for numbers 1 and 2? The Infection Control Officer and Administrator, Katherine Rodriguez R.N. along with the Nursing Supervisor, Christina Yaros, will be responsible for preventing the recurrence of this deficiency. 4. By what date are you going to have the deficiency corrected?The deficiency was corrected November 15th, 2012.</p>		

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S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 002683</p> <p>Survey Date: 10/29/2012 & 10/30/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 11/08/12</p>	S0000		

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S0162	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (G)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(G) Ensuring cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and center policy for all health care workers including contract and agency personnel, who provide direct patient care.</p> <p>Based on policy and procedure review, document review, and staff interview, the chief executive officer failed to ensure cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and hospital policy for all health care workers who provide direct patient care for 1 of 8 (P4) personnel files reviewed.</p> <p>Findings:</p> <p>1. Policy titled, "Physician and Staff Requirements for CPR [cardiopulmonary resuscitation] Training" was reviewed on 10/30/12 at approximately 10:35 AM and indicated on pg. 1, "In accordance with Indiana State Department of Health q-tag 0162, CPR 'competence for all healthcare workers, including agency or contract personnel' shall include physicians as</p>	S0162	<p>1. How are you going to correct the deficiency?The deficiency was corrected in the following manner. Personnel P4 attended the next available CPR recertification class on Wednesday November 7th, 2012. Personnel P4 passed the course and obtained active certifiaton as a BLS Instructor and Healthcare Provider through the American Heart Association. Documentatio n is attached and labeled as "Exhibit A".2. How are you going to prevent the deficiency from recurring in the future? A spreadsheet is in place with the CPR expirations of all certified employees. This spreadsheet will be reviewed monthly the first of the month by the Administrator. When an upcoming expiration is found, arrangements will be made for appropriate education to keep certifications current. The</p>	11/07/2012			

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	<p>well."</p> <p>2. Policy titled, "Education and Training - New 2004" was reviewed on 10/30/12 at approximately 10:35 AM and indicated on pg. 1, bulleted list, "CPR and ACLS (if applicable) certification will be kept up-to-date by all appropriate professional personnel who work in the facility."</p> <p>3. Review of personnel files on 10/29/12 at 12:23 PM, indicated: A. P4 was a Certified Surgical Technician and lacked documentation of current CPR Certification. It expired 9/2012.</p> <p>4. Personnel P1 was interviewed on 10/30/12 at approximately 11:30 AM and confirmed the above-mentioned personnel provide direct patient care. The CPR certification was expired 9/2012 and this employee is the CPR instructor for employees of the facility.</p>		<p>spreadsheet is attached as "Exhibit B">3. Who is going to be responsible for numbers 1 and 2 above?The responsible person for the prevention of future deficiency is Katherine Rodriguez R.N., Administrator.4. By what date are you going to have the deficiency corrected?The deficiency was corrected November 7, 2012.</p>				

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S0442	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(viii)</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>(viii) An employee health program to determine the communicable disease history of new personnel as well as an ongoing program for current personnel as required by state and federal agencies.</p> <p>Based on policy and procedure review, personnel record review, and staff interview the infection control committee failed to ensure documentation of the communicable disease history and/or immunization status for 2 of 8 (P6 and P8) personnel files reviewed.</p> <p>Findings:</p> <p>1. Policy titled, "Tuberculosis Infection Control Program" was reviewed on 10/30/12 at approximately 10:35 AM and indicated on pg. 1, under Practices & Procedures section, points A.1.c. and C.2., "The Executive Director shall assess the risk of exposure to tuberculosis in the facility annually as follows...Verify that</p>	S0442	<p>1. How are you going to correct the deficiency?The deficiency was corrected by a repeat Mantoux test for employees on forms P6 and P8. The time and date of administration was documented. Step one of the test was administered Tuesday November 13th at 14:55 for one staff member and Thursday November 15th 14:58 for the second staff member. The tests were read and found negative Thursday November 15th at 15:00 and 15:05 for the staff members. These findings and times were documented on the forms of each staff member and labeled as "Exhibit C" and "Exhibit D". 2. How are you going to prevent the deficiency from recurring in the future?To prevent</p>	11/15/2012			

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