

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001101	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/11/2014
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NAME OF PROVIDER OR SUPPLIER BLOOMINGTON ENDOSCOPY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 550 LANDMARK AVE BLOOMINGTON, IN 47402
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 002674</p> <p>Survey Date: 2/10/2014 through 2/11/2014</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 02/17/14</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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S000310	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(1)</p> <p>The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor. Based on document review and staff interview, the facility failed to ensure 3 contracted services were part of its comprehensive quality assessment and improvement (QA&I) program.</p> <p>Findings included:</p> <p>1. Bloomington Endoscopy Center Quality Assessment and Performance Improvement Program (last revised January 2014) indicated all services with direct or indirect impact on patient care quality shall be reviewed under the quality improvement program.</p> <p>2. Review of the facility's QA&I program did not evidence</p>	S000310	Worksheet created to prove that all contracted services will continue to be evaluated. The Administrator will be responsible to complete worksheet quarterly. See attached document.	02/19/2014			

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S001146	<p>documentation of contracted services: Biomedical, Housekeeping, and Laundry/Linen.</p> <p>3. At 11:45 on 2/11/2014, staff member #3 indicated he/she just wrote in the Quality/Assurance committee minutes items of concern if anyone brings it to his/her attention. The staff member confirmed the ASC does not have documentation supporting the evaluation of the contracted services.</p> <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>				

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	<p>Based on observation and staff interview, the facility failed to maintain the environment and equipment in such a manner that the safety and well-being of patients, visitors, and/or staff are assured for the storing of patient room cubicle curtains.</p> <p>Findings included:</p> <ol style="list-style-type: none"> At 11:05 AM on 2/11/2014, the Men's Locker Room was inspected. In the Men's Locker Room was the Men's Restroom with a shower. In the Men's Restroom, 9 clean covered cubicle curtains were observed hanging on the shower rod in front of the men's toilet approximately 5-feet. At 11:20 AM on 2/11/2014, staff member #1 indicated the extra cubicle curtains are to hang on the coat rod in the Men's Locker Room; however, because of the winter, staff were hanging their coats on the same rod. The coat rod was out of room to hang 	S001146	<p>Plastic wrapped privacy curtains were removed from shower rod (this is a shower that is never used) and placed on a coat rack in the male locker room while the surveyors were still onsite. Administrator has instructed all staff to not move the curtains in the future and the administrator is responsible to be sure this never happens again.</p>	02/11/2014			

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S001166	<p>all the extra cubicle curtains. The staff member confirmed the cubicle curtains should not be hung on the shower rod.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(ii)</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>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(ii) There must be evidence of preventive maintenance on all patient care equipment.</p> <p>Based on documentation review and staff interview, the facility failed to ensure preventive maintenance of the nurse emergency call system.</p> <p>Findings included:</p>	S001166	The nurse call light system has been checked and has been documented quarterly by maintenance but on the checklist it was referred to as the 'intercom system'. Therefore the worksheet has been changed to read nurse call light system. There is no preventative maintenance for a nurse call light system other than going to each station and making	02/18/2014

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	<p>1. Bloomington Endoscopy Center Equipment/Supplies Checklist Schedule policy (last revised 1/28/2014) stated, "All equipment supplies in the Center shall be monitored periodically to assure readiness for operation. Electrical safety testing of all equipment by a qualified biomedical engineer. Records shall be kept of all inspections." The policy does not identify the nurse call system.</p> <p>2. The monthly and quarterly preventive maintenance checklists conducted by the Physical Plant Engineer and the Nursing Staff were reviewed. The checklists did not identify the nurse call system scheduled to have its preventive maintenance. None of the records identified the preventive maintenance have ever been done on the nurse call system or been scheduled to be done.</p> <p>3. The Bioengineer inspection</p>		<p>sure the call lights work. This will continue to be done by the administrator and she will begin doing it monthly and documenting on the new worksheet. See attached worksheet.</p>	

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	<p>reports were reviewed for the previous 12 months. The reports did not identify that the nurse call system has ever had a preventive maintenance or even scheduled to be conducted.</p> <p>4. At 11:30 AM on 2/11/2014, staff member #3 indicated the Nurse Call System preventive maintenance is to be checked quarterly by the Physical Plant Engineer.</p> <p>5, At 12:00 PM on 2/11/2014, staff member #4 (Physical Plant Engineer) indicated the Nurse Call System preventive maintenance is to be checked monthly.</p>				