

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001113	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/09/2012
NAME OF PROVIDER OR SUPPLIER CENTER FOR SPECIAL SURGERY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8805 N MERIDIAN ST INDIANAPOLIS, IN 46260		
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Q0000	<p>This visit was for a re-certification survey.</p> <p>Facility Number: 003032</p> <p>Survey Date: 11-7/9-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 11/16/12</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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Q0081	<p>416.43(a), 416.43(c)(1) PROGRAM SCOPE; PROGRAM ACTIVITIES</p> <p>(a)(1) The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.</p> <p>(a)(2) The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.</p> <p>(c)(1) The ASC must set priorities for its performance improvement activities that -</p> <ul style="list-style-type: none"> (i) Focus on high risk, high volume, and problem-prone areas. (ii) Consider incidence, prevalence, and severity of problems in those areas. (iii) Affect health outcomes, patient safety, and quality of care. <p>Based on document review and interview, the facility failed to include a unique and specific monitor and standard for the activity of discharges in its quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program indicated it did not include a unique and specific monitor and standard for the</p>	Q0081	The Administrator will add an indicator for "patients without a competent driver at the time they are discharged by the physician" as an indicator for Discharge Planning. This indicator will be approved by the Governing Body by 12/14/12. Nursing will report on this indicator. The data from this indicator will be reported quarterly to the Governing Body as part of the QA Committee meetings.	12/14/2012			

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	<p>activity of discharges.</p> <p>2. In interview, on 11-7-12 at 2:35 pm, employee #A1 indicated the monitor and standard for both nursing and the activity of discharges was exactly the same. No further documentation unique and specific for discharges was provided prior to exit.</p>				

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Q0121	<p>416.45(a) MEMBERSHIP AND CLINICAL PRIVILEGES Members of the medical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The ASC grants privileges in accordance with recommendations from qualified medical personnel.</p> <p>Based on document review and interview, the governing board failed to determine 1 (MD#7) of 9 medical staff members was professionally qualified for privileges granted.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of 9 medical staff credential files indicated file MD#7 was granted anesthesia privileges by the governing authority in September, 2011. 2. Further review of the file indicated it did not contain any documentation of the facility soliciting and receiving the opinion of qualified medical personnel on the competence of applicant MD#7 relative to granting of privileges. 3. In interview, on 11-7-12 at 12:20 pm, at 12:20 pm, employee #A1 confirmed the above and no further documentation was provided prior to exit. 	00121	The Administrator will insure that MD#7 will be evaluated as part of the Outcome Oriented Physician Evaluations to be completed on the Anesthesia Service by 12/28/12. In the future a Letter of Reference will be required by the Administrator on all new applicants. The "Letter of Reference" requirement will be added to the checklist to credential new physicians.	12/28/2012			

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Q0221	<p>416.50(a)(1) NOTICE OF RIGHTS The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands. Based on document review and interview, the patient rights given to the patient or their representative verbally and in writing prior to surgery did not contain 4 of 13 required elements.</p> <p>Findings:</p> <p>1. Review of a document entitled It is your RIGHT as a patient of of the Center for Special Surgery, given to the patient or their representative verbally and in writing prior to surgery, approved 8-17-12, did not contain the following patient rights:</p> <p>To file a grievance, specifically for any violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental or sexual abuse</p> <p>If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, that the rights of the patient may be exercised by the person appointed under State law to act on the patient's behalf. Or, if a</p>	00221	<p>The Administrator will add the required wording to the Patient's Rights document by 12/14/12. The revised document will be given to the patient or their representative before their procedure and will be posted at the check in desk. The revised document will be approved by the Governing Body and included in the facility's Policies and Procedures by 12/14/12.</p>	12/14/2012	

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	<p>State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.</p> <p>The patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors</p> <p>The patient has a right to be free from all forms of staff abuse, neglect or harassment</p> <p>2. In interview, on 11-9-12 at 10:05 am, employee #A1 confirmed the above elements were not included in the patient rights given to the patient or their representative verbally and in writing prior to surgery. No further documentation was provided prior to exit.</p>			

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Q0222	<p>4166.50(a)(1)(i) NOTICE - POSTING In addition, the ASC must - Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.</p> <p>Based on document review and interview, the posted patient rights did not contain 6 of 13 required elements.</p> <p>Findings:</p> <p>1. Review of a document entitled It is your RIGHT as a patient of the Center for Special Surgery, approved 8-17-12, posted in the facility's reception area, did not contain the following patient rights:</p> <p>Specific name of the physician who has a financial interest or ownership in the facility</p> <p>The facility's policy on advanced directives, and if requested by the patient, the Indiana State Advanced Directive brochure</p> <p>To file a grievance, specifically for any violations grievances relating, but not</p>	O0222	<p>The Administrator will add the required wording to the Patient's Rights document by 12/14/12. The revised document will be given to the patient or their representative before their procedure and will be posted at the check in desk. The revised document will be approved by the Governing Body and included in the facility's Policies and Procedures by 12/14/12.</p>	12/14/2012			

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	<p>limited to, mistreatment, neglect, verbal, mental or sexual abuse</p> <p>If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, that the rights of the patient may be exercised by the person appointed under State law to act on the patient's behalf. Or, if a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.</p> <p>The patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors</p> <p>The patient has a right to be free from all forms of staff abuse or harassment</p> <p>2. In interview, on 11-9-12 at 10:05 am, employee #A1 confirmed the above elements were not included in the posted patient rights. No further documentation was provided prior to exit.</p>				

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Q0232	<p>416.50(c)(2) SAFETY [The patient has the right to -] Receive care in a safe setting</p> <p>Based on document review and interview, the facility failed to have a policy that the patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the facility's policies and procedures, approved 8-17-12, indicated there was no policy that the patient has a right to receive care in a setting free of contaminated materials and unwanted visitors. In interview, on 11-9-12 at 10:05 am, employee #A1 confirmed the above and no further documentation was provided prior to exit. 	Q0232	<p>The Administrator will add the required wording to the Patient's Rights document by 12/14/12. The revised document will be given to the patient or their representative before their procedure and will be posted at the check in desk. The revised document will be approved by the Governing Body and included in the facility's Policies and Procedures by 12/14/12.</p>	12/14/2012	

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Q0233	<p>416.50(c)(3) SAFETY - ABUSE/HARASSEMENT [The patient has the right to -] Be free from all forms of abuse or harassment</p> <p>Based on document review and interview, the facility failed to have a policy that patients are to be free from all forms of staff abuse or harassment.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the facility's policies and procedures, approved 8-17-12, indicated there were none that patients are to be free from all forms of staff abuse or harassment. In interview on 11-9-12 at 10:05 am, employee #A1 confirmed the above and no further documentation was provided prior to exit. 	00233	<p>The Administrator will add the required wording to the Patient's Rights document by 12/14/12. The revised document will be given to the patient or their representative before their procedure and will be posted at the check in desk. The revised document will be approved by the Governing Body and included in the facility's Policies and Procedures by 12/14/12.</p>	12/14/2012			

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Q0242	<p>416.51(b) INFECTION CONTROL PROGRAM The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.</p> <p>Based on document review and interview, the facility failed to follow its policy & procedure Tuberculosis Screening For Employees for 2 of 8 employee files reviewed (Staff #7 & 8).</p> <p>Findings include:</p> <p>1. Review of policy/procedure Tuberculosis Screening For Employees indicated the following: "I. Tuberculin skin testing A. New employees 1. New employees who have been made a conditional offer of employment shall be screened for presence of infection with M. tuberculosis using the Mantoux TST. Skin testing will employ the two step procedure.</p> <p>4. Individuals with documented history of a negative TST performed within the last 12 months need to receive only one intradermal injection of TST tuberculin." This policy/procedure was last</p>	00242	<p>TB screening records from previous employer for Staff #7&8 have been obtained and reviewed by the Infection Control Officer (ICO). Both staff tested negative within the 12 months prior to being tested here August 2012. Current policy has been reviewed by ICO and Administrator. Future new hires who provide documentation of negative testing within the 12 months prior to hire will receive a single test post offer. Employees who can not provide such documentation will receive two tests per existing policy. New hire TB test results will be reviewed by the ICO and maintained in the personnel files by the Nurse Manager.</p>	12/07/2012

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	<p>reviewed/revise on 05-10-12.</p> <p>2. Review of staff #7's personnel file indicated staff #7 was hired on 11-29-11 and lacked documentation of tuberculin skin testing.</p> <p>3. Review of staff #8's personnel file indicated staff #8 was hired on 02-06-12 and lacked documentation of tuberculin skin testing.</p> <p>4. On 11-08-12 at 1020 hours, staff #40 confirmed that there was no documentation of tuberculin skin testing for staff #7 & 8 when each was hired.</p>				

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Q0264	<p>416.52(b) POST-SURGICAL ASSESSMENT (1) The patient's post-surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy. (2) Post-surgical needs must be addressed and included in the discharge notes. Based on document review and interview, the facility's governing board failed to review 1 required activity during the time period December 14, 2011 through November 7, 2012 as part of the facility's QAPI program.</p> <p>Findings:</p> <p>1. Review of the governing board meeting minutes for the time period December 14, 2011 through November 7, 2012 indicated there were no governing body reports for the activity of discharges.</p> <p>2. In interview, on 11-7-12 at 2:35 pm, employee #A1 indicated the monitor and standard for both nursing and the activity of discharges was exactly the same and reported to the governing board as the same. The employee also indicated there was no report unique and specific for discharges reported to the governing board. No further documentation of a</p>	Q0264	The Administrator will add an indicator for "patients without a competent driver at the time they are discharged by the physician" as an indicator for Discharge Planning. This indicator will be approved by the Governing Body by 12/14/12. Nursing will report on this indicator. The data from this indicator will be reported quarterly to the Governing Body as part of the QA Committee meetings.	12/14/2012			

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	report to the governing board, unique and specific for discharges was provided prior to exit.			

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S0000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 003032</p> <p>Survey Date: 11-7/9-11</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 11/16/12</p>	S0000			

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S0056	<p>410 IAC 15-2.3-2 POSTING OF LICENSE 410 IAC 15-2.3-2 (a)</p> <p>Sec.2.(a) The license must be conspicuously posted on the premises. Based on observation, the facility failed to post the license in an area open to the public at large.</p> <p>Findings:</p> <p>1. On 11-9-12 at 9:50 am in the presence of employee #A1, the facility's license was observed to be posted in a hallway between the reception and pre/post patient recovery area. There was a closed door between these two areas. On the wall in the reception area, in front of the door entering the pre/post patient recovery area was a sign indicating it (the pre/post patient recovery area) area was only open to certain individuals, not the public at large.</p>	S0056	The Nurse Manager relocated the posted license to the waiting room.	12/03/2012	

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S0110	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (a)(5)</p> <p>The governing body shall do the following:</p> <p>(5) Review, at least quarterly, reports of management operations, including, but not limited to, quality assessment and improvement program, patient services provided, results attained, recommendations made, actions taken, and follow-up.</p> <p>Based on document review and interview, the facility's governing board failed to review 1 required activity during the time period December 14, 2011 through November 7, 2012 as part of the facility's QAPI program.</p> <p>Findings:</p> <p>1. Review of the governing board meeting minutes for the time period December 14, 2011 through November 7, 2012 indicated there were no governing body reports for the activity of discharges.</p> <p>2. In interview, on 11-7-12 at 2:35 pm, employee #A1 indicated the monitor and standard for both nursing and the activity of discharges was exactly the same and reported to the governing board as the same. The employee also indicated there was no report unique and specific for</p>	S0110	The Administrator will add an indicator for "patients without a competent driver at the time they are discharged by the physician" as an indicator for Discharge Planning. This indicator will be approved by the Governing Body by 12/14/12. Nursing will report on this indicator. The data from this indicator will be reported quarterly to the Governing Body as part of the QA Committee meetings.	12/14/2012			

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	discharges reported to the governing board. No further documentation of a report to the governing board, unique and specific for discharges was provided prior to exit.			

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S0126	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (b)(5)</p> <p>The governing body shall do the following:</p> <p>(5) Ensure that criteria for selection for medical staff membership are individual character, competence, education, training, experience, and judgement.</p> <p>Based on document review and interview, the governing board failed to ensure that criteria for selection for medical staff membership are individual character, competence and judgment for 1 of 9 medical staff credential files reviewed.</p> <p>Findings:</p> <p>1. Review of 9 medical staff credential files indicated file MD#7 did not contain any documentation in the file of initial appointment indicating their individual character, competence and judgment.</p> <p>2. In interview, on 11-7-12 at 12:20 pm, employee #A1 confirmed the above and no further documentation was provided prior to exit.</p>	S0126	<p>The Administrator will insure that MD#7 will be evaluated as part of the Outcome Oriented Physician Evaluations to be completed on the Anesthesia Service by 12/28/12. In the future a Letter of Reference will be required by the Administrator on all new applicants. The "Letter of Reference" requirement will be added to the checklist to credential new physicians.</p>	12/28/2012	

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S0172	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (L)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(L) Maintaining personnel records for each employee of the center which include personal data, education and experience, evidence of participation in job related educational activities, and records of employees which relate to post offer and subsequent physical examinations, immunizations, and tuberculin tests or chest x-rays, as applicable.</p> <p>Based on document review and interview, the facility failed to follow its policy & procedure Tuberculosis Screening For Employees for 2 of 8 employee files reviewed (Staff #7 & 8).</p> <p>Findings include:</p> <p>1. Review of policy/procedure Tuberculosis Screening For Employees indicated the following: "I. Tuberculin skin testing A. New employees 1. New employees who have been made a conditional offer of employment shall be screened for presence of infection with M. tuberculosis using the Mantoux TST. Skin testing will employ the two step procedure.</p>	S0172	<p>TB screening records from previous employer for Staff #7&8 have been obtained and reviewed by the Infection Control Officer (ICO). Both staff tested negative within the 12 months prior to being tested here August 2012. Current policy has been reviewed by ICO and Administrator. Future new hires who provide documentation of negative testing within the 12 months prior to hire will receive a single test post offer. Employees who can not provide such documentation will receive two tests per existing policy. New hire TB test results will be reviewed by the ICO and maintained in the personnel files by the Nurse Manager.</p>	12/07/2012			

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	<p>4. Individuals with documented history of a negative TST performed within the last 12 months need to receive only one intradermal injection of TST tuberculin." This policy/procedure was last reviewed/revised on 05-10-12.</p> <p>2. Review of staff #7's personnel file indicated staff #7 was hired on 11-29-11 and lacked documentation of tuberculin skin testing.</p> <p>3. Review of staff #8's personnel file indicated staff #8 was hired on 02-06-12 and lacked documentation of tuberculin skin testing.</p> <p>4. On 11-08-12 at 1020 hours, staff #40 confirmed that there was no documentation of tuberculin skin testing for staff #7 & 8 when each was hired.</p>				

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S0320	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(2)</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>(2) All functions, including, but not limited to, the following:</p> <p>(A) Discharge and transfer. (B) Infection control. (C) Medication errors. (D) Response to patient emergencies.</p> <p>Based on document review and interview, the facility failed to include a unique and specific monitor and standard for the activity of discharges in its quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program indicated it did not include a unique and specific monitor and standard for the activity of discharges.</p> <p>2. In interview, on 11-7-12 at 2:35 pm, employee #A1 indicated the monitor and standard for both nursing and the activity of discharges was exactly the same. No further documentation unique and specific for discharges was provided prior to exit.</p>	S0320	The Administrator will add an indicator for "patients without a competent driver at the time they are discharged by the physician" as an indicator for Discharge Planning. This indicator will be approved by the Governing Body by 12/14/12. Nursing will report on this indicator. The data from this indicator will be reported quarterly to the Governing Body as part of the QA Committee meetings.	12/14/2012

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