STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	X3) DATE SURVEY COMPLETED
	15C0001172	A. BUILDING 00	05/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROC SURGERY LLC	705 RILEY HOSPITAL DR SUITE 0201 INDIANAPOLIS, IN 46202

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Q 0000 Bldg. 00	This visit was for a re-certification survey. Facility Number: 012397 Survey Date: 5-11/14-2015 QA: cjl 05/21/15	Q 0000		
Q 0041 Bldg. 00	416.41(a) CONTRACT SERVICES When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner. Based on document review and interview, the facility failed to include a monitor and standard for 1 service (audiology) furnished by a contractor in its quality assessment and performance improvement (QAPI) program. Findings: 1. Review of the facility's QAPI program indicated it did not include a monitor and standard for the contracted service of audiology. 2. In interview on 5-14-2015 at 2:30 pm,	O 0041	The Clinical Manager is responsible for ensuring that all contracted services are monitored. Audiology Services has been included in the Contracted Services Review Monitoring Tool that is part of the facilities QAPI program. See attached Monthly and Quarterly Contracted Services Review Tools.	06/19/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	15C0001172		05/14/2015

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	employee #A2, Operating Room Shift Coordinator, confirmed the above and no other documentation was provided prior to exit.			
Q 0081 Bldg. 00	416.43(a), 416.43(c)(1) PROGRAM SCOPE; PROGRAM ACTIVITIES (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. (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. (c)(1) The ASC must set priorities for its performance improvement activities that - (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. Based on document review and interview, the facility failed to include a monitor and standard for reportable (adverse) events in its quality assessment and improvement (QAPI) program.	O 0081	It is the reponsibility of the Director to ensure that "reportable events" are included in the minutes of the Quarterly Board of Managers meetings.An executive summary is attached to the	06/19/2015

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	Findings: 1. Review of the facility's QAPI program indicated it did not include a monitor and standard for reportable (adverse) events. 2. In interview on 5-14-2015 at 2:30 pm, employee #A2, Operating Room Shift Coordinator, confirmed the above and no documentation was provided prior to exit.		Quality Report which is presented to the Board of Managers at quarterly meetings.A copy of the Executive Summary is attached, which shows that "reportable events" are presented to the Board of Managers by the Riley Outpatient Surgery Center Director.The director will ensure that she includes "reportable events" in the Board of Managers quarterly Minutes.	
Q 0105 Bldg. 00	416.44(c) EMERGENCY EQUIPMENT The ASC medical staff and governing body of the ASC coordinates, develops, and revises ASC policies and procedures to specify the types of emergency equipment required for use in the ASC' s operating room. The equipment must meet the following requirements: (1) Be immediately available for use during emergency situations. (2) Be appropriate for the facility's patient population. (3) Be maintained by appropriate personnel. Based on document review, the facility failed to document daily defibrillator checks in accordance with the manufacturer's specification for 1 of 1 defibrillator.	O 0105	It is the reponsibility of the Manager to ensure that daily checks performed on the Zoll defibrillator are conducted in accordance with manufacturer's guidelines.The daily checklist for the Zoll defibrillator has been revised to meet the	06/19/2015

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	Findings: 1. Review of the ZOLL R Series Defibrillator Operator's Guide indicated the facility was to perform daily checks per the Operator's Checklist provided by the manufacturer that included, but were not limited to, inspect for Condition, Hands-free therapy electrodes, Paddles, cables for cracks, broken wires, connector, batteries, and disposable supplies. 2. Review of a document entitled CODE CART SUPPLEMENTAL DEFIBRILLATOR CHECK LIST, Unit ROCOR, dated Oct 2014, indicated it did not include the above daily checks.		manufacturers guidelines.See attached checklist.	
Q 0162 Bldg. 00	416.47(b) FORM AND CONTENT OF RECORD The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following: (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body.			

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	(5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed informed patient consent. (8) Discharge diagnosis. Based on policy and procedure review, medical record review and interview, the facility failed to maintain a complete medical record on 3 (#2, #21, #23) of 30 patient medical records reviewed. Findings: 1. Review of policy and procedure, "Completion of Medical Records" approved on 1/23/14 by the Medical Staff indicated a. Under "Policy Statements": - C. Operative reports must be written or dictated immediately following any procedure. Immediately shall be defined as within 24 hours of the procedure. 2. Review of policy and procedure, "Transfer of a Perioperative Patient" approved on 1/23/15 by the Medical Staff indicated under "Procedures", "D. 1. The physician will need to write an order.....". 3. Review of policy and procedure, "Release to Home" approved on 1/23/15 by the Medical Staff indicated under attachment 8-C, Postoperative Charting Guidelines, 7. Review Home Care	O 0162	#1and #4 It is the responsibility of the Medical Director/Clinical Manager to ensure that Operative Reports are written or dictated within 24 hours of the procedure.The Clinical Manager sent the physician involed an e-mail, to re-educate him regarding the 24 hour time limit to complete Operative Reports.See attached e-mail.#2 It is the responsibility of the Manager to ensure that all required documentation is complete and accurate prior to patient's transfer to another facility.The Manager conducted a inservice on 6/17/2015 to re educate staff regarding transfer documentation. The requirements are included in our Patient Transfer Instructions, Checklist and Transfer Request forms.See Attached#3 It is the responsibility of the Manager to ensure that Post Operative Charting Guidelines are followed.The Manage conducted an inservice on 6/17/15 to re educate staff regarding completion of Home Care Instruction documentation. TheThe Riley Outpatient Surgery Center requires Home Care Instruction Sheets to include date,	06/19/2015

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NAME OF PROVIDER OR SUPPLIER ROC SURGERY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 705 RILEY HOSPITAL DR SUITE 0201 INDIANAPOLIS, IN 46202	

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	Instructions with family, obtain family signature on one copy and place in medical record. 4. Review of patient #23 medical record indicated that the patient had a surgical procedure performed on 3/24/15 from 1311 to 1324 hours. The operative note was completed on 3/25/15 at 1608 hours. Review of patient #2 medical record indicated that the patient was transferred to another acute care facility on 11/14/14. The record did not have evidence of a transfer order. Review of patient #21 medical record lacked evidence of discharge instructions signed by patient or representative. 5. On 5/14/15 at 1030 hours, staff #5 (Registered Nurse) verified that there was no evidence of the above in the indicated medical records.		time and signature of parent/guardian. The completed form is to be scanned into the patient's electronic medical record Chart audits are performed by an outside consulting service to verify that medical records are complete. The auditor's findings are addressed during the Quality Committee meetings. Quality Committee meeting minutes are sent to the Board of Manager meetings for review. See Attached.	
Q 0221 Bldg. 00	416.50(a) NOTICE OF RIGHTS An ASC must, prior to the start of the surgical procedure, provide the patient, or the patient's representative, or the patient's surrogate with verbal and written notice of			

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	the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights as set forth in this section. The ASC's notice of rights must include the address and telephone number of the State agency to which patients may report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman. Based on policy and procedure review, medical record review and interview, the facility failed to provide the patient, or the patient's representative, or the patient's surrogate with verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights for 1 (#27) of 30 patient medical records reviewed. Findings: 1. Review of policy and procedure, "Patient/Parent Rights and Responsibilities, Complaint and Grievance Policy" approved on 1/23/15 by the Medical Staff indicated that form "CMS Conditions for Coverage" is signed by patient/guardian to indicate that they have received information on Disclosure of Financial Interest, Notice of Patient Rights, Notice of Advance Directives Policy and Grievance Policy.	Q 0221	It is the Managers responsibility to ensure that all patient's are informed of CMSA Conditions for Coverage which include,Patient/Parent Rights and Responsibilities, Complant and Grievance Policy, Disclosure of Financial Interest, and Notice of Advanced Directive.On 6/17/2015 the Manager conducted an inservice with the administrative staff to re educate them regarding documentation that is required to meet CMSA Conditions for Coverage.This documentation is included in the CMSA Conditions for Coverage form.This form needs to be signed by the parent/guardian and included in each patient's electronic medical record.See Attached. Chart audits are performed by an outside consulting service to verify that medical records are complete. The auditor's findings are addressed during the Quality Committee meetings. Quality Committee meeting minutes are sent to the Board of Manager meetings for review.	06/17/2015

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	2. Review of patient #27 medical record lacked evidence that the form "CMS Conditions for Coverage" was signed by the patient or representative. This form indicates that the patient received information on Notice of Patient Rights, Disclosure of Financial Interest, Notice of Advance Directives and Grievance Policy. 3. On 5/14/15 at 1030 hours, staff #5 (Registered Nurse) verified that the above was not present in the medical record.			
Q 0223 Bldg. 00	416.50(b) NOTICE - PHYSICIAN OWNERSHIP The ASC must disclose, in accordance with Part 420 of this subchapter, and where applicable, provide a list of physicians who have financial interest or ownership in the ASC facility. Disclosure of information must be in writing. Based on policy and procedure review, medical record review and interview, the facility failed to disclose and provide a written list of physicians who have financial interest or ownership in the ASC facility for 1 (#27) of 30 patient medical records reviewed.	Q 0223	It is the Managers responsibility to ensure that all patient's are informed of CMSA Conditions for Coverage which include,Patient/Parent Rights and Responsibilities, Complant and Grievance Policy, Disclosure of Financial Interest, and Notice of Advanced Directive.On 6/17/2015	06/19/2015

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	Findings: 1. Review of policy and procedure, "Patient/Parent Rights and Responsibilities, Complaint and Grievance Policy" approved on 1/23/15 by the Medical Staff indicated that form "CMS Conditions for Coverage" is signed by patient/guardian to indicate that they have received information on Disclosure of Financial Interest, Notice of Patient Rights, Notice of Advance Directives Policy and Grievance Policy. 2. Review of patient #27 medical record lacked evidence that the form "CMS Conditions for Coverage" was signed by the patient or representative. This form indicates that the patient received information on Notice of Patient Rights, Disclosure of Financial Interest, Notice of Advance Directives and Grievance Policy. 3. On 5/14/15 at 1030 hours, staff #5 (Registered Nurse) verified that the above was not present in the medical record.		the Manager conducted an inservice with the administrative staff to re educate them regarding documentation that is required to meet CMSA Conditions for Coverage.This documentation is included in the CMSA Conditions for Coverage form.This form needs to be signed by the parent/guardian and included in each patient's electronic medical record.See Attached. Chart audits are performed by an outside consulting service to verify that medical records are complete. The auditor's findings are addressed during the Quality Committee meetings. Quality Committee meeting minutes are sent to the Board of Manager meetings for review.	

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Q 0224 Bldg. 00	416.50(c)(1)(2)(3) ADVANCED DIRECTIVES The ASC must comply with the following requirements: (1) Provide the patient or, as appropriate, the patient's representative with written information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directive forms. (2) Inform the patient or, as appropriate, the patient's representative of the patient's rights to make informed decisions regarding the patient's care. (3) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.			
	Based on policy and procedure review, medical record review and interview, the facility failed to provide and inform the patient or, as appropriate, the patient's representative with written information concerning its policies on advance directives and document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive for 1 (#27) of 30 patient medical records reviewed. Findings: 1. Review of policy and procedure, "Patient/Parent Rights and	O 0224	It is the Managers responsibility to ensure that all patient's are informed of CMSA Conditions for Coverage which include,Patient/Parent Rights and Responsibilities, Complant and Grievance Policy, Disclosure of Financial Interest, and Notice of Advanced Directive.On 6/17/2015 the Manager Conducted an inservice with the administrative staff to re educate them regarding documentation that is required to meet CMSA Conditions for Coverage.This documentation is included in the CMSA Conditions for Coverage form.This form needs to be signed by the parent/guardian and included in each patient's electronic medical	06/19/2015

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	Responsibilities, Complaint and Grievance Policy" approved on 1/23/15 by the Medical Staff indicated that form "CMS Conditions for Coverage" is signed by patient/guardian to indicate that they have received information on Disclosure of Financial Interest, Notice of Patient Rights, Notice of Advance Directives Policy and Grievance Policy. 2. Review of patient #27 medical record lacked evidence that the form "CMS Conditions for Coverage" was signed by the patient or representative. This form indicates that the patient received information on Notice of Patient Rights, Disclosure of Financial Interest, Notice of Advance Directives and Grievance Policy. 3. On 5/14/15 at 1030 hours, staff #5 (Registered Nurse) verified that the above was not present in the medical records.		record.See Attached. Chart audits are performed by an outside consulting service to verify that medical records are complete. The auditor's findings are addressed during the Quality Committee meetings. Quality Committee meeting minutes are sent to the Board of Manager meetings for review.	
S 0000 Bldg. 00	This visit was for a State licensure survey. Facility Number: 012397	S 0000		

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	Survey Date: 5-11/14-2015 QA: cjl 05/21/15			
S 0110 Bldg. 00	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (a)(5) The governing body shall do the following: (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. Based on document review and interview, the facility's governing board failed to review 1 (audiology) contracted service and 1 other activity (reportable events) during calendar year 2014 as part of the facility's quality assessment performance improvement (QAPI) program. Findings: 1. Review of the governing board meeting minutes for calendar year 2014 indicated the governing board failed to review QAPI activities for the contracted	S 0110	The Clinical Manager is responsible for ensuring that all contracted services are monitored. Audiology Services has been included in the Contracted Services Review Monitoring Tool that is part of the facilities QAPI program. See attached Monthly and Quarterly Contracted Services Review Tools.	06/19/2015

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	service of audiology and the activity of reportable events. 2. In interview on 5-14-2015 at 2:30 pm, employee #A2, Operating Room Shift Coordinator, confirmed the above and no other documentation was provided prior to exit.			
S 0310 Bldg. 00	410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(1) The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: (1) All services, including services furnished by a contractor. Based on document review and interview, the facility failed to include a monitor and standard for 1 service (audiology) furnished by a contractor in its quality assessment and performance improvement (QAPI) program. Findings: 1. Review of the facility's QAPI program indicated it did not include a monitor and standard for the contracted service of audiology.	S 0310	The Clinical Manager is responsible for ensuring that all contracted services are monitored. Audiology Services has been included in the Contracted Services Review Monitoring Tool that is part of the facilities QAPI program. See attached Monthly and Quarterly Contracted Services Review Tools.	06/19/2015

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	2. In interview on 5-14-2015 at 2:30 pm, employee #A2, Operating Room Shift Coordinator, confirmed the above and no other documentation was provided prior to exit.			
S 0332 Bldg. 00	410 IAC 15-2.4-2.2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2.2(a)(1) Sec. 2.2. (a) The center's quality assessment and improvement program under section 2 of this rule shall include the following: (1) A process for determining the occurrence of the following reportable events within the center: (A) The following surgical events: (i) Surgery performed on the wrong body part, defined as any surgery performed on a body part that is not consistent with the documented informed consent for that patient. Excluded are emergent situations: (AA) that occur in the course of surgery; or (BB) whose exigency precludes obtaining informed consent; or both (ii) Surgery performed on the wrong patient, defined as any surgery on a patient that is not consistent with the documented informed consent for that patient. (iii) Wrong surgical procedure performed on a patient, defined as any procedure performed on a patient that is not consistent with the documented informed consent for that patient. Excluded are emergent situations: (AA) that occur in the course of surgery; or			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	(BB) whose exigency precludes obtaining informed consent; or both (iv) Retention of a foreign object in a patient after surgery or other invasive procedure. The following are excluded: (AA) Objects intentionally implanted as part of a planned intervention. (BB) Objects present before surgery that were intentionally retained. (CC) Objects not present prior to surgery that are intentionally left in when the risk of removal exceeds the risk of retention, such as microneedles or broken screws. (v) Intraoperative or immediately postoperative death in an ASA Class I patient. Included are all ASA Class I patient deaths in situations where anesthesia was administered; the planned surgical procedure may or may not have been carried out. (B) The following product or device events: (i) Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the center. Included are generally detectable contaminants in drugs, devices, or biologics regardless of the source of contamination or product. (ii) Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. Included are, but not limited to, the following: (AA) Catheters. (BB) Drains and other specialized tubes. (CC) Infusion pumps. (DD) Ventilators. (iii) Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in the			

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	15C0001172		05/14/2015

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	center. Excluded are deaths or serious disability associated with neurosurgical procedures known to present a high risk of intravascular air embolism. (C) The following patient protection events: (i) Infant discharged to the wrong person. (ii) Patient death or serious disability associated with patient elopement. (iii) Patient suicide or attempted suicide resulting in serious disability, while being cared for in the center, defined as events that result from patient actions after admission to the center. Excluded are deaths resulting from self inflicted injuries that were the reason for admission to the center. (D) The following care management events: (i) Patient death or serious disability associated with a medication error, for example, errors involving the wrong: (AA) drug; (BB) dose; (CC) patient; (DD) time; (EE) rate; (FF) preparation; or (GG) route of administration. Excluded are reasonable differences in clinical judgment on drug selection and dose. Includes administration of a medication to which a patient has a known allergy and drug=drug interactions for which there is known potential for death or serious disability. (ii) Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA incompatible blood or blood products. (iii) Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in the center. Included are events that occur within			

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	forty-two (42) days postdelivery. Excluded are deaths from any of the following: (AA) Pulmonary or amniotic fluid embolism. (BB) Acute fatty liver of pregnancy. (CC) Cardiomyopathy. (iv) Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in the center. (v) Death or serious disability (kernicterus) associated with the failure to identify and treat hyperbilirubinemia in neonates. (vi) Stage 3 or 4 pressure ulcers acquired after admission to the center. Excluded is progression from Stage 2 or Stage 3 if the Stage 2 or Stage 3 pressure ulcer was recognized upon admission or unstageable because of the presence of eschar. (vii) Patient death or serious disability resulting from joint movement therapy performed in the center. (viii) Artificial insemination with the wrong donor sperm or wrong egg. (E) The following environmental events: (i) Patient death or serious disability associated with an electric shock while being cared for in the center. Excluded are events involving planned treatment, such as electrical countershock or elective cardioversion. (ii) Any incident in which a line designated for oxygen or other gas to be delivered to a patient: (AA) contains the wrong gas; or (BB) is contaminated by toxic substances. (iii) Patient death or serious disability associated with a burn incurred from any source while being cared for in the center. (iv) Patient death or serious disability associated with a fall while being cared for in the center. (v) Patient death or serious disability			

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	associated with the use of restraints or bedrails while being cared for in the center. (F) The following criminal events: (i) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider. (ii) Abduction of a patient of any age. (iii) Sexual assault on a patient within or on the grounds of the center. (iv) Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of the center.			
	Based on document review and interview, the facility failed to include a monitor and standard for the activity of reportable events in its quality assessment and performance improvement (QAPI) program. Findings: 1. Review of the facility's QAPI program indicated it did not include a monitor and standard for the activity of reportable events. 2. In interview on 5-14-2015 at 2:30 pm, employee #A2, Operating Room Shift Coordinator, confirmed the above and no documentation was provided prior to exit.	S 0332	It is the reponsibility of the Director to ensure that "reportable events" are included in the minutes of the Quarterly Board of Managers meetings.An executive summary is attached to the Quality Report which is presented at the Board of Managers at quarterly meetings.A copy of the Executive Summary is attached, which shows that "reportable events" are presented to the Board of Managers by the Riley Outpatient Surgery Center Director.The director will ensure that she includes "reportable events" in the Board of Managers quarterly Minutes.	06/19/2015
S 0640	410 IAC 15-2.5-3			

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Bldg. 00	MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(e)(1) (e) All entries in the medical record must be as follows: (1) Legible and complete. Based on medical record review, policy and procedure review and interview, the facility failed to maintain a complete medical record on 3 (#2, #21, #27) of 30 patient medical records reviewed. Findings: 1. Review of policy and procedure, "Transfer of a Perioperative Patient" approved on 1/23/15 by the Medical Staff indicated under "Procedures", "D. 1. The physician will need to write an order.....". 2. Review of policy and procedure, "Release to Home" approved on 1/23/15 by the Medical Staff indicated under attachment 8-C, Postoperative Charting Guidelines, 7. Review Home Care Instructions with family, obtain family signature on one copy and place in medical record. 3. Review of policy and procedure, "Patient/Parent Rights and Responsibilities, Complaint and Grievance Policy" approved on 1/23/15	S 0640	#1. It is the responsibility of the Manager to ensure that all required documentation is complete and accurate prior to patient's transfer to another facility.The Manager conducted a inservice on 6/17/2015 to re educate staff regarding transfer documentation. The requirements are included in our Patient Transfer Instructions, Checklist and Transfer Request forms.See Attached #2. It is the responsibility of the Manager to ensure that Post Operative Charting Guidelines are followed.The Manager conducted an inservice on 6/17/15 to re educate staff regarding completion of Home Care Instruction documentation. The Riley Outpatient Surgery Center requires Home Care Instruction Sheets to include date, time and signature of parent/guardian. The completed form is to be scanned into the patient's electronic medical record.See Attached. #3 It is the Managers responsibility to ensure that all patient's are informed of CMSA Conditions for Coverage which include,Patient/Parent Rights and Responsibilities, Complant and	06/19/2015

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	by the Medical Staff indicated that form "CMS Conditions for Coverage" is signed by by patient/guardian to indicate that they have received information on Disclosure of Financial Interest, Notice of Patient Rights, Notice of Advance Directives Policy and Grievance Policy. 4. Review of patient #2 medical record indicated that the patient was transferred to another acute care facility on 11/14/14. The record did not have evidence of a transfer order. Review of patient #21 medical record lacked evidence of discharge instructions signed by patient or representative. Review of patient #27 medical record lacked evidence that the form "CMS Conditions for Coverage" was signed by the patient or representative. This form indicates that the patient received information on Notice of Patient Rights, Disclosure of Financial Interest, Notice of Advance Directives and Grievance Policy. 5. On 5/14/15 at 1030 hours, staff #5 (Registered Nurse) verified that the above was not present in the medical record.		Grievance Policy, Disclosure of Financial Interest, and Notice of Advanced Directive.On 6/17/2015 the Manager Conducted an inservice with the administrative staff to re educate them regarding documentation that is required to meet CMSA Conditions for Coverage.This documentation is included in the CMSA Conditions for Coverage form.This form needs to be signed by the parent/guardian and included in each patient's electronic medical record.See Attached. Chart audits are performed by an outside consulting service to verify that medical records are complete. The auditor's findings are addressed during the Quality Committee meetings. Quality Committee meeting minutes are sent to the Board of Manager meetings for review.	
S 0856	410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND			

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Bldg. 00	SURGICAL 410 IAC 15-2.5-4(d)(2)(A) Requirements for surgical services include: (2) Surgical services shall develop, implement, and maintain written policies governing surgical care designed to assure the achievement and maintenance of standards of medical and patient care as follows: (A) A mechanism must be maintained which specifies the delineated surgical privileges of each practitioner. Based on document review and interview, the facility failed to have a policy approved by the medical staff which indicated a mechanism to maintain the delineated surgical privileges of each practitioner. Findings: 1. Review of facility documents indicated there was no policy approved by the medical staff which indicated a mechanism to maintain the delineated surgical privileges of each practitioner. 2. In interview on 5-13-2015 at 5:15 pm, employee #A2, Operating Room Shift Coordinator, confirmed the above and no further documentation was provided prior to exit.	S 0856	It is the responsibility of the Manger to develop a policy approved by the medical staff which indicates a mechanism to maintain the delineated surgical privileges of each practitioner. Riley Outpatient Surgery Center developed a policy to maintain and delineate Surgical Privileges of each practitioner performing procedures in the ASC.See Attached Policies.	05/28/2015

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S 0888 Bldg. 00	410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(d)(2)(F) Requirement for surgical services include: (2) Surgical services shall develop, implement, and maintain written policies governing surgical care designed to assure the achievement and maintenance of standards of medical and patient care as follows: (F) A requirement for an operative report describing techniques, findings, and tissue removed or altered to be written or dictated immediately following surgery and authenticated by the surgeon in accordance with center policy and governing body approval. Based on policy/procedure review, medical record review and interview, the facility failed to complete operative note within 24 hours for 1 (#23) of 30 patient medical records reviewed. Findings: 1. Review of policy and procedure, "Completion of Medical Records" approved on 1/23/14 by the Medical Staff indicated a. Under "Policy Statements": - C. Operative reports must be written or	S 0888	It is the responsibility of the Medical Director/Clinical Manager to ensure that Operative Reports are written or dictated within 24 hours of the procedure.The Clinical Manager sent the physician involed an e-mail, to re-educate him regarding the 24 hour time limit to complete Operative Reports.See attached e-mail. Chart audits are performed by an outside consulting service to verify that medical records are complete. The auditor's findings are addressed during the Quality Committee	06/17/2015

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	dictated immediately following any procedure. Immediately shall be defined as within 24 hours of the procedure. 2. Review of patient #23 medical record indicated that the patient had a surgical procedure performed on 3/24/15 from 1311 to 1324 hours. The operative note was completed on 3/35/15 at 1608 hours. 3. On 5/14/15 at 1030 hours, staff #5 (Registered Nurse) verified that the operative note for patient #23 was completed more than 24 hours after the completion of the surgical procedure.		meetings. Quality Committee meeting minutes are sent to the Board of Manager meetings for review.	
S 1170 Bldg. 00	410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(iv) (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: (4) The patient care equipment requirements are as follows: (B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:			

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	(iv) Defibrillators must be discharged at least in accordance with manufacturers' recommendations, and a discharge log with initialed entries must be maintained. Based on document review, the facility failed to document daily defibrillator checks in accordance with the manufacturer's specification for 1 of 1 defibrillator. Findings: 1. Review of the ZOLL R Series Defibrillator Operator's Guide, indicated the facility was to perform daily checks per the Operator's Checklist provided by the manufacturer that included, but were not limited to, inspect for Condition, Hands-free therapy electrodes, Paddles, cables for cracks, broken wires, connector, batteries, and disposable supplies. 2. Review of a document entitled CODE CART SUPPLEMENTAL DEFIBRILLATOR CHECK LIST, Unit ROCOR, dated Oct 2014, indicated it did not include the above daily checks.	S 1170	It is the reponsibility of the Manager to ensure that daily checks performed on the Zoll defibrillator are conducted in accordance with manufacturer's guidelines.The daily checklist for the Zoll defibrillator has been revised to meet the manufacturers guidelines.See attached checklist.	06/19/2015