

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/10/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2011
NAME OF PROVIDER OR SUPPLIER INDIANA ENDOSCOPY CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD, STE 410 INDIANAPOLIS, IN46202		
(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	
S0000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 006221</p> <p>Survey Date: 10-3-11 - 10-5-11</p> <p>Surveyors:</p> <p>Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>Tretter, Karilyn, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 10/25/11</p>	S0000			

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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S0676	<p>410 IAC 15-2.5-3(g)</p> <p>(g) All original medical records or legally reproduced medical records must be maintained by the center for a period of seven (7) years in accordance with subsection (c)(6) and (c)(7), must be readily accessible, in accordance with the center policy and must be kept in a fire resistive structure.</p> <p>Based on document review and interview, for records that were less than 7 years old, the surgery center stored medical records for the Avon and Fishers facilities off-site and failed to have an approved waiver to do so.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On 10-3-11 at 3:55 pm, upon interview, employee #A1 indicated electronic medical records for the Avon site facility were stored in an electronic server offsite and there was no original or legally reproduced copy at the facility. 2. On 10-5-11 at 9:15 am, upon interview, employee #A1 indicated electronic medical records for the Fishers site facility were stored in an electronic server offsite and there was no original or legally reproduced copy at the facility. 3. Review of a document dated in year 2005 indicated only the Methodist site 	S0676	<p>A request for waiver letter has been written and mailed (on 11/4/11) to the ISDH. A copy of this letter is attached (see S676). The request for waiver is to allow for scanning and on-line storage as contracted by the IEC's with IU Health. It is the Clinical Manager's responsibility to ensure that any changes to the storage process be brought to the ISDH's attention immediately.</p>	12/02/2011	

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S0888	<p>facility received a waiver from the State to store medical records offsite.</p> <p>4. The employee was requested to provide documentation that the Avon and Fishers site facilities had an approved State waiver to store medical records offsite and no documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-4(d)(2)(F)</p> <p>Requirement for surgical services include:</p> <p>(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:</p> <p>(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.</p> <p>Based on medical record review and interview, the facility failed to ensure that the physician/surgeon dictated or wrote an Operative Note immediately following a</p>	S0888	There is a QA monitoring protocol that has been put in place as of 9/1/11. Operative reports prior to this date were not monitored for timing of dictation completion. It	11/01/2011

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	<p>procedure/surgery for 4 of 4 medical records reviewed.</p> <p>Findings include:</p> <p>1. On 10/5/11, during medical record review of patients at the Fishers clinic, it was found that P#24, P#25, P#26 and P#27 had endoscopic procedures done on 7/11/11. P#24's Operative Note was dictated by the physician on 8/10/11, P#25's Operative Note was dictated on 8/26/11, P#26's Operative Note was dictated on 7/24/11 and P#27's Operative Note was dictated on 8/26/11.</p> <p>2. A#3 was present during the medical record review and acknowledged the chart review findings.</p>		is now tracked daily by the Clinical Manager to ensure that these reports have been dictated. This will be an ongoing process.		