

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001061	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/09/2014
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NAME OF PROVIDER OR SUPPLIER SURGERY CENTER FOR PAIN OF SOUTHERN INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2920 MCINTIRE DR STE 150 BLOOMINGTON, IN 47403
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Q000000	<p>This visit was for a recertification survey.</p> <p>Facility Number: 008901</p> <p>Survey Date: 5-7/9-14</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>Trisha Goodwin, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 05/16/14</p>	Q000000		
Q000041	<p>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 4 services furnished by a contractor in its quality</p>	O000041	The ASC will conduct a QA for all contracted services it has to maintain its QAPI program. They will be kept with the quarterly meeting minutes. QA's will be	06/20/2014

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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Q000043	<p>assessment and performance improvement (QAPI) program, thus it could not assure that these services are provided in a safe and effective manner.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the facility's QAPI program indicated it did not include a monitor and standard for the contracted services of biohazardous waste hauling, 2 laboratories, and radiology. 2. In interview, on 5-9-14 at 2:50 pm, employee #A1 confirmed the above and no other documentation was provided prior to exit. <p>416.41(c) DISASTER PREPAREDNESS PLAN (1) The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC. (2) The ASC coordinates the plan with State and local authorities, as appropriate. (3) The ASC conducts drills, at least annually, to test the plan's effectiveness. The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan.</p>		<p>conducted on all contracted services on a yearly basis and prn if a need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	

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Q000181	<p>Based on interview, the facility failed to coordinate emergency disaster and preparedness with an appropriate governmental agency in all instances.</p> <p>Findings:</p> <ol style="list-style-type: none"> On 5-9-14 at 11:00 am, employee #A1 was requested to provide documentation of coordination of emergency disaster and preparedness with an appropriate governmental agency. In interview, on 5-9-14 at 1:25 pm, employee #A1 indicated there was no documentation as requested above and no other documentation was provided prior to exit. <p>416.48(a) ADMINISTRATION OF DRUGS Drugs must be prepared and administered according to established policies and acceptable standards of practice. Based on observation and staff interview, the facility failed to ensure expired medications were removed from stock for 1 crash cart observed.</p> <p>Findings include;</p> <ol style="list-style-type: none"> During facility tour beginning at 8:55 a.m. on 5/8/14, three (3) vials of 	Q000043	The ASC will contact its local homeland security office to coordinate its disaster preparedness plan. Documentation will be kept in the ASC to provide proof of such coordination. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014
		O000181	Any and all expired medications have been removed from the ASC. No expired medications will be kept in the ASC without written notification on official state letterhead. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	05/09/2014

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Q000202	<p>Aminophyline with an expiration date of 2/1/13 were observed in the crash cart.</p> <p>2. Staff member #N1 indicated in interview at the time of the observation that the pharmacy consultant had informed facility that the state had approved maintaining the expired medications in the crash cart, however had no documentation from the state to support this.</p> <p>416.49(b) RADIOLOGIC SERVICES (1) The ASC must have procedures for obtaining radiological services from a Medicare approved facility to meet the needs of patients. Based on document review and interview, the facility failed to comply with the hospital Condition of Participation for radiological services found at 42 CFR 482.26.</p> <p>Findings:</p> <p>1. Review of hospital Condition of Participation for radiological services found at 42 CFR 482.26 indicated there must be policies and procedures for testing of equipment for radiation standards, proper storage of radiation badges when not in use, and a method to identify pregnant patients.</p>	0000202	The ASC will update its policy on Radiology Services to indicate proper policies and procedures for testing of equipment for radiation standards, proper storage of radiation badges when not in use, and identifying pregnant patients. The ASC will in-service all current and future staff on these policies and procedures on a yearly basis and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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Q000221	<p>2. Review of a document entitled RADIOLOGY SERVICES POLICY, approved 12-7-11, indicated it lacked the above-stated required written policies and procedures.</p> <p>3. In interview, on 5-9-14 at 3:40 pm, employee #A1 confirmed there were no written above-stated policies and procedures and no other documentation was provided prior to exit.</p> <p>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 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.</p> <p>Based on observation, document review and interview, the facility failed to post and provide the patient with verbal and written notice that patients can exercise their rights without being subjected to</p>	O000221	The ASC will update its current patient bill of rights to 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	06/20/2014			

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	<p>discrimination or reprisal, that the patient has a right to receive care in a safe setting, in all instances, and that the patient has a right to be free from all forms of abuse, neglect and harassment.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On 5-7-14 at 3:30 pm, in the presence of employee #A1, the patients rights were observed to be posted in the facility's reception area. Review of them indicated they did not include patients can exercise their rights without being subjected to discrimination or reprisal, the patient has a right to receive care in a safe setting, and that the patient has a right to be free from all forms of abuse, neglect and harassment. 2. Review of patient medical records indicated the facility gave the patient both verbal and written notice of the patient rights. Review of the rights indicated they did not include patients can exercise their rights without being subjected to discrimination or reprisal, the patient has a right to receive care in a safe setting, and that the patient has a right to be free from all forms of abuse, neglect and harassment. 3. In interview, on 5-8-14 at 3:00 pm, employee #A1 confirmed the above and 		<p>Medicare Beneficiary Ombudsman. The policy will also include that patients can exercise their rights without being subjected to discrimination or reprisal, that the patient has a right to receive care in a safe setting, in all instances, and that the patient has a right to be free from all forms of abuse, neglect and harassment. All current ASC patient bill of rights will be replaced with the new updated bill of rights. The ASC will make any needed updates on a yearly basis and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	

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Q000226	<p>no further documentation was provided prior to exit.</p> <p>416.50(d)(1), (2), & (3) GRIEVANCES - MISTREATMENT, ABUSE The following criteria must be met:</p> <p>(1) All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.</p> <p>(2) All allegations must be immediately reported to a person in authority in the ASC.</p> <p>Only substantiated allegations must be reported to the State authority or the local authority, or both.</p> <p>Based on document review and interview, the facility failed to ensure a policy as part of its patient rights that all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented and all allegations must be immediately reported to a person in authority in the facility.</p> <p>Findings:</p> <p>1. Review of the patient rights policies, approved 12-7-11, indicated there were none that all alleged</p>	Q000226	The ASC will create and maintain a current list of contracted services. The list will include the scope and nature of the services provided. The list will be reviewed at each quarterly meeting. The list will be updated prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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Q000227	<p>violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented and all allegations must be immediately reported to a person in authority in the facility.</p> <p>2. In interview, on 5-8-14 at 3:00 pm, employee #A1 confirmed the above and no other documentation was provided prior to exit.</p> <p>416.50(e)(1)(i) RESPECT - PROPERTY & PERSON The patient has the right to the following:</p> <p>(i) Be free from any act of discrimination or reprisal. Based on document review and interview, the facility failed to ensure a policy as part of its patient rights that patients can exercise their rights without being subjected to discrimination or reprisal.</p> <p>Findings:</p> <p>1. Review of the patient rights policies, approved 12-7-11, indicated there were none that patients can exercise their rights without being subjected to discrimination or reprisal.</p>	O000227	The ASC will update its policy to ensure the patient bill of rights include that patients can exercise their rights without being subjected to discrimination or reprisal. All existing paperwork will be replaced with the updated paperwork. All staff will be in-serviced on the new policy on a yearly basis and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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Q000232	<p>2. In interview, on 5-8-14 at 3:00 pm, employee #A1 confirmed the above and no other documentation was provided prior to exit.</p> <p>416.50(f)(2) SAFETY [The patient has the right to -]</p> <p>(2) Receive care in a safe setting Based on document review and interview, the facility failed to ensure a policy as part of its patient rights that the patient has a right to receive care in a safe setting.</p> <p>Findings:</p> <p>1. Review of the patient rights policies, approved 12-7-11, indicated there were none that the patient has a right to receive care in a safe setting</p> <p>2. In interview, on 5-8-14 at 3:00 pm, employee #A1 confirmed the above and no other documentation was provided prior to exit.</p>	0000232	The ASC will update its policy on the patient bill of rights to include that patients have the right to receive care in a safe setting. All ASC staff will be in-serviced on the new policy on a yearly basis and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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Q000233	<p>416.50(f)(3) SAFETY - ABUSE/HARASSMENT [The patient has the right to -] (3) Be free from all forms of abuse or harassment Based on document review and interview, the facility failed to ensure a policy as part of its patient rights that the patient has a right to be free from all forms of abuse, neglect and harassment.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the patient rights policies, approved 12-7-11, indicated there were none that the patient has a right to free from all forms of abuse, neglect and harassment. In interview, on 5-8-14 at 3:00 pm, employee #A1 confirmed the above and no other documentation was provided prior to exit. 	Q000233	The ASC will update its policy on the patient bill of rights to include that all patients have the right to be free from all forms of abuse, neglect, and harassment. All existing paperwork will be replaced and all ASC staff will be in-serviced on the new policy on a yearly basis and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014
Q000241	<p>416.51(a) SANITARY ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of</p>			

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	<p>surgical services by adhering to professionally acceptable standards of practice.</p> <p>Based on observation and document review, the facility failed to use disinfectant according to manufacturer recommendations, failed to clean all areas in the post operative bay, utilized the trash can lids to hold charts and medication, failed to cleanse multi-dose vials (MDV) with alcohol prior to withdrawal of medication, failed to dispose of sharps containers when 2/3 full, and failed to perform weekly biologicals of the sterilizer.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During observation of the procedure room cleaning after a patient procedure beginning at 12:20 p.m. on 5/7/14, staff member #N2 was observed spraying DisCide ultra on surfaces. He/she left the product on for 20 seconds and wiped it off with a dry towel. 2. During observation of post operative bay cleaning after a patient discharge beginning at 12:30 p.m. on 5/7/14, staff member #N3 failed to clean the blood pressure equipment, pulse oximeter and thermometer which were used on the patient. 	O000241	All ASC staff will be in-serviced on proper use of disinfectants, using unclean surfaces (trash can lids), wiping medication vials with alcohol prior to use, proper use of sharps containers (over-filling), and biological testing done on a weekly basis. This will be prevented by monitoring the staff and in-servicing them on a yearly basis and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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	<p>3. Staff members were observed utilizing the trash can lids to hold charts and medication. During observation at 2:25 p.m. on 5/7/14, staff member #N5 was observed placing patient charts on the lids of the trash cans outside the procedure room. The charts would then be taken into the room when the patients were taken into the room. Staff member N2 was observed at 2:30 p.m. on 5/7/14 placing a patient chart and three (3) vials of medication on the lid of the trash can within the procedure room.</p> <p>4. During observation of a procedure beginning at 2:10 p.m. on 5/7/14, staff member #N2 failed to wipe the rubber stopper of a previously opened and used MDV of Lidocaine with alcohol prior to withdrawal of medication from the vial.</p> <p>5. During facility tour beginning at 8:55 a.m. on 5/8/14, two (2) sharps containers were observed in the soiled utility room. One (1) was filled almost to the top and the other was filled to the top.</p> <p>6. Review of reports titled "STERILIZER TEST REPORTS" for previous 12 months indicated biologicals are performed on a monthly basis. The document stated "Monitor sterilizers at least weekly by using a biological indicator....."</p>			

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Q000243	<p>7. Review of label instructions for DisCide indicated the product is to be left on the surface for 1 minute to be effective.</p> <p>8. Facility policy titled "ENVIRONMENTAL DISINFECTION AND STERILIZATION" last reviewed/revised 12/7/11 states on page 10: "7. Disinfect non-critical surfaces with an EPA registered hospital disinfectant according to the label's safety precautions and use directions." and "CLEANING AND DISINFECTING PATIENT CARE DEVICES.....2. Clean medical devices as soon as practical after the point of use.....7. Perform low-level disinfection for non-critical patient-care surfaces and equipment that touch intact skin."</p> <p>416.51(b)(1) INFECTION CONTROL PROGRAM - DIRECTION The program is - Under the direction of a designated and qualified professional who has training in infection control. Based on document review and interview, the facility failed to ensure the infection control professional received training in infection control.</p>	O000243	The ASC infection control officer will receive training for infection control. The ASC infection control officer will receive infection control training on a yearly basis	06/20/2014

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Q000245	<p>Findings include::</p> <ol style="list-style-type: none"> Staff member #N1's personnel file lacked evidence of training in infection control. Staff member #N1 verified in interview at 12:30 p.m. on 5/8/14 that he/she is the infection control officer and has had no training to be the infection control officer. <p>416.51(b)(3) INFECTION CONTROL PROGRAM 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. Based on document review and interview, the facility failed to provide evidence of tracking of patient infections for 1 infection control log reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of facility infection log for previous 12 months indicated there were no infections. The log lacked evidence of how the information was obtained. 	O000245	<p>and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p> <p>The ASC will have the practitioners of the center to monitor their patients and sign off on the infection control log for their patients in regards to infections. The log will be reviewed on a monthly basis and prn if the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	06/20/2014

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S000000	<p>2. Staff member #N1 indicated in interview at 3:00 p.m. on 5/8/14 that he/she relies on the physician performing the procedure to inform him/her if there were any infections, however has no evidence of this communication to update the infection control log.</p> <p>This visit was for a State licensure survey.</p> <p>Facility Number: 008901</p> <p>Survey Date: 5-7/9-14</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>Trisha Goodwin, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 05/16/14</p>	S000000		

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S000028	<p>410 IAC 15-2.2-2 SURVEY PROCEDURES 410 IAC 15-2.2-2 (c)(1)</p> <p>(c) All documents in legally reproducible form must be maintained within the center for the period required by statutes of limitations and must be made available upon request for inspection, including copying by representatives of the department as follows:</p> <p>(1) Items to include, but not limited to, the following:</p> <p>(A) Documents showing ownership, certified copy of articles of incorporation (if incorporated).</p> <p>(B) Constitution and bylaws of governing body.</p> <p>(C) Minutes of meetings of the governing body and committees thereof.</p> <p>(D) Minutes of meetings of the medical staff and committees thereof.</p> <p>(E) All documents pertaining to quality assurance and improvement of patient care and medical care.</p> <p>(F) A current roster of members of the medical staff with designated privileges.</p> <p>(G) Personnel records.</p> <p>(H) Medical records.</p> <p>(I) Reports pursuant to IC 16-21-2-6.</p> <p>Based on interview, the facility failed to</p>	S000028	The ASC will conduct quarterly	06/20/2014

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	<p>provide requested documents in 3 instances.</p> <p>Findings:</p> <p>1. On 5-7-14 at 11:00 am, employee #A1 was requested to provide the following required documents:</p> <p>Governing Board meetings for calendar year 2013 Medical Staff meetings for calendar year 2014 Utilization Review Committee minutes</p> <p>2. In interview, on 5-7-14 at 11:00 am, employee #A1 indicated on 4-23-14, the ASC's desktop computer containing the surgery center's electronic copy of its documentation was found to be unusable. The ASC completed a thorough search of the facility. The search revealed that the quarterly minutes, along with any supporting documentation of 6-27-13, 9-26-13, 12-19-13, and 3-27-14 had been taken from the center. Thus, the above-stated documents were not available.</p>		<p>meetings (as previously and currently done) and maintain meeting minutes for each quarterly meeting; the meetings will including the Governing Board, Medical Staff, and Utilization Review Committee meeting minutes. Both a hard copy and a password protected electronic copy of the meeting minutes will be maintained at the center. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	

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S000116	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (b)(2)(A-D)</p> <p>The governing body shall do the following:</p> <p>(2) Ensure the following:</p> <p>(A) The requests of practitioners, for appointment or reappointment to practice in the center are acted upon, with the advice and recommendation of the medical staff.</p> <p>(B) Reappointments are acted upon at least biennially.</p> <p>(C) Practitioners are granted privileges consistent with their individual training, experience, and other qualifications.</p> <p>(D) This process occurs within a reasonable period of time as specified by the medical staff bylaws.</p> <p>Based on document review and interview, the governing body (GB) of the center failed to ensure reappointment for 1 of 1 credentialed medical staff (MS) members within the past 24 months.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of 1 of 1 credential files indicated MD#1 had not been reappointed by the governing body (GB) nor requested reappointment within the past 24 months. 	S000116	All current and future practitioners will be reappointed on a biennially basis. Proper paperwork will be completed and placed in their personnel files. All practitioners will have their personnel files reviewed every June and December (biennially) and re-appointments will be made as needed. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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	<p>2. Review of available GB meeting minutes for calendar years 2012 and 2013 indicated no review of application or reappointment for MD#1 to the MS.</p> <p>3. In interview on 5/8/13 at 11:30am, employee #A1 indicated:</p> <ul style="list-style-type: none"> a. the facility had a breach in security in which GB and MS paper copy meeting minutes were stolen b. the computer system in which minutes were stored was compromised possibly by magnetic damage c. reappointment by the GB is indicated on the document entitled Pain Management Surgery Center, Professional Staff - Privileging Forms, CREDENTIALLING AND PRIVILEGE FORM d. the last reappointment date for MD#1 was done on 12/18/12 by verbal 			

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	<p>approval via telephone conversation with 1 committee member</p> <p>4. Review of the document titled PAIN MANAGEMENT SURGERY CENTER COMMITTEE MEMBERSHIPS 2010, updated 6/27/2013, indicated the above noted committee member to be a member of the Medical Records committee and the Chairman of Utilization Review. No other committee membership was indicated. Five members are listed as the Board of Director.</p> <p>5. Review of the document entitled Pain Management Surgery Center Board of Directors - Bylaws, section 3.3C, Majority, indicates at least a majority of all members shall be present at regular or special meeting to constitute a quorum for business.</p> <p>6. In interview on 5/8/14 at 3:45pm, employee #A1 confirmed the above and no further documentation was provided prior to exit.</p>			

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S000226	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(3)</p> <p>The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following:</p> <p>(3) Ensure that the center maintains a list of all contracted services, including the scope and nature of the services provided.</p> <p>Based on interview, the facility failed to maintain a list of all contracted services.</p> <p>Findings:</p> <p>1. On 5-7-14 at 11:00 am, employee #A1 was requested to provide documentation of a list of all contracted services, including the scope and nature of the services provided.</p> <p>2. In interview, on 5-9-14 at 3:20 pm, employee #A1 indicated there was no list, as requested above, and no other documentation was provided prior to exit.</p>	S000226	The ASC will create and maintain a current list of contracted services. The list will include the scope and nature of the services provided. The list will be reviewed at each quarterly meeting. The list will be updated prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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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 interview, the facility failed to include a monitor and standard for 4 services furnished by a contractor 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 monitor and standard for the contracted services of biohazardous waste hauling, 2 laboratories, and radiology.</p> <p>2. In interview, on 5-9-14 at 2:50 pm, employee #A1 confirmed the above and no other documentation was provided prior to exit.</p>	S000310	The ASC will conduct QA's on its contracted services including biohazardous waste hauling, 2 laboratories, and radiology. The ASC will conduct QA's for its contracted services on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014
S000400	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(a)</p>			

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S000408	<p>(a) The center shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p> <p>Based on observation, the facility failed to provide an environment that minimized risk to patients and staff in 2 instances.</p> <p>Findings include:</p> <p>1. Staff members were observed utilizing the trash can lids to hold charts and medication. During observation at 2:25 p.m. on 5/7/14, staff member #N5 was observed placing patient charts on the lids of the trash cans outside the procedure room. The charts would then be taken into the room when the patients were taken into the room. Staff member N2 was observed at 2:30 p.m. on 5/7/14 placing a patient chart and three (3) vials of medication on the lid of the trash can within the procedure room.</p> <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(d)</p> <p>(d) The center shall designate a</p>	S000400	The ASC staff will be in-serviced on using "dirty surfaces" (ex: trash can lids) for "clean" items. The ASC staff will be continuously monitored and in-serviced on a yearly basis and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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S000418	<p>person qualified by training or experience as responsible for the ongoing infection control activities and the development and implementation of policies governing control of infections and communicable diseases.</p> <p>Based on document review and interview, the facility failed to ensure the infection control professional received training in infection control.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Staff member #N1 personnel file lacked evidence of training in infection control. Staff member #N1 verified in interview at 12:30 p.m. on 5/8/14 that he/she is the infection control officer and has had no training to be the infection control officer. <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(A)</p> <p>(2) The infection control committee responsibilities must include, but are not limited to the following:</p> <p>(A) Establishing techniques and systems for identifying, reviewing, and reporting infections in the</p>	S000408	The ASC's infection control officer/professional will have yearly training for infection control. The ASC will monitor that the infection control officer/professional has yearly training. This will be done at the time of his/her yearly evaluation. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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S000428	<p>center. Based on document review and interview, the facility failed to provide evidence of tracking of patient infections for 1 infection control log reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of facility infection log for previous 12 months indicated there were no infections. The log lacked evidence of how the information was obtained. 2. Staff member #N1 indicated in interview at 3:00 p.m. on 5/8/14 that he/she relies on the physician performing the procedure to inform him/her if there were any infections, however has no evidence of this communication to update the infection control log. <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(i)</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</p>	S000418	<p>The practitioners will monitor their patients for signs and symptoms of infections. Any infections will be reported to the nurse administrator to be recorded in the infection control log book. The practitioners will initial the infection control log book with the nurse administrator each month. The infection control log book will be reviewed and initialed each month by both the practitioners and the nurse administrator to monitor for infections. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	06/20/2014

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	<p>are not limited to, the following:</p> <p>(i) Sanitation. Based on observation and document review, the facility failed to use disinfectant according to manufacturer recommendations and failed to clean all areas in the post operative bay.</p> <p>Findings include:</p> <ol style="list-style-type: none"> During observation of the procedure room cleaning after a patient procedure beginning at 12:20 p.m. on 5/7/14, staff member #N2 was observed spraying DisCide ultra on surfaces. He/she left the product on for 20 seconds and wiped it off with a dry towel. During observation of post operative bay cleaning after a patient discharge beginning at 12:30 p.m. on 5/7/14, staff member #N3 failed to clean the blood pressure equipment, pulse oximeter and thermometer which were used on the patient. Review of label instructions for DisCide indicated the product is to be left on the surface for 1 minute to be effective. Facility policy titled "ENVIRONMENTAL DISINFECTION 	S000428	The ASC will in-service all current and future staff on the proper use of disinfectant products. The current disinfectant product, DisCide, is to be left on surfaces for one minute. In-service for proper use of disinfectant will be completed on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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S000430	<p>AND STERILIZATION" last reviewed/revised 12/7/11 states on page 10: "7. Disinfect non-critical surfaces with an EPA registered hospital disinfectant according to the label's safety precautions and use directions." and "CLEANING AND DISINFECTING PATIENT CARE DEVICES.....2. Clean medical devices as soon as practical after the point of use.....7. Perform low-level disinfection for non-critical patient-care surfaces and equipment that touch intact skin."</p> <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(ii)</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>(ii) Universal precautions, including infectious waste management.</p> <p>Based on observation, the facility failed to dispose of sharps containers when 2/3 full in 2 instances.</p> <p>Findings include:</p>	S000430	The ASC will in-service all current and future staff on the proper use of sharps containers. Sharps containers should not be filled up past the line on the container. Staff will be in-serviced on a yearly basis and prn as the	06/20/2014

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S000624	<p>1. During facility tour beginning at 8:55 a.m. on 5/8/14, two (2) sharps containers were observed in the soiled utility room. One (1) was filled almost to the top and the other was filled to the top.</p> <p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(7)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(7) The center shall ensure the confidentiality of patient records. The center must develop, implement, and maintain the following:</p> <p>(A) A procedure for releasing information or copies of records only to authorized individuals, in accordance with federal and state laws.</p> <p>(B) A procedure that ensures that unauthorized individuals cannot gain access to patient records.</p> <p>Based on document review and interview, the center failed to ensure a provision for protection of computer password for medical record entry by MD#1.</p>	S000624	<p>need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p> <p>The ASC will have every staff member complete proper documentation to ensure password protection is complied with for medical record entry. All staff will be in-serviced on the</p>	06/20/2014

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S000646	<p>Findings:</p> <ol style="list-style-type: none"> 1. Review of 1 of 1 medical staff (MS) credential files indicated no provision for protection of computer password for medical record entry by MD#1. 2. In interview on 5/8/14 at 3:45pm employee #A1 confirmed the above and provided no further documentation prior to exit. <p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(e)(3)</p> <p>All entries in the medical record must be as follows:</p> <p>(3) Authenticated and dated in accordance with section 4(b)(3)(N) of this rule.</p> <p>Based on document review and interview, the facility failed to ensure a policy to have a time frame, not to exceed 30 days, in which medical staff entries would be authenticated and dated.</p>	S000646	<p>new paperwork and instructed not to share their password. All staff will be in-serviced on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p> <p>The ASC will update its current policy (Medical Records VIII.A) to have a time frame not to exceed 30 days. All staff will be in-serviced on the updated policy and the medical records will be maintained to follow the updated</p>	06/20/2014

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S000710	<p>Findings:</p> <ol style="list-style-type: none"> Review of a document entitled Medical Records, Section VIII.A., approved 12-7-11, indicated the record will be completed according to Center standards and within established time frames. In interview, on 5-9-14 at 11:00 am, employee #A1 confirmed the above-stated document did not have a time frame to exceed 30 days and no other documentation was provided prior to exit. <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(a)(4)</p> <p>The medical staff shall do the following:</p> <p>(4) Maintain a reasonably accessible hard copy or electronic file for each member of the medical staff, which includes, but is not limited to, the following:</p>		<p>policy. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	

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	<p>(A) A completed, signed application.</p> <p>(B) The date and year of completion of all Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs, if applicable.</p> <p>(C) A current copy of the individual's:</p> <p>(i) Indiana license showing date of licensure and number or available data provided by the health professions bureau. A copy of practice restrictions, if any, shall be attached to the license issued by the health professions bureau through the appropriate licensing board.</p> <p>(ii) Indiana controlled substance registration showing number as applicable.</p> <p>(iii) Drug Enforcement Agency registration showing number as applicable.</p> <p>(iv) Documentation of experience in the practice of medicine.</p> <p>(v) Documentation of specialty board certification as applicable.</p> <p>(vi) Documentation of privilege to perform surgical procedures in a hospital in accordance with IC 16-18-2-14(3)(C).</p> <p>(D) Category of medical staff appointment and delineation of privileges approved.</p>			

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S000780	<p>(E) A signed statement to abide by the rules of the center.</p> <p>(F) Documentation of current health status as established by center and medical staff policy and procedure and federal and state requirements.</p> <p>(G) Other items specified by the center and medical staff. Based on document review and interview, the center failed to include documentation of current health status for 1 of 1 medical staff (MS) members.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of 1 of 1 MS credential files indicated no documentation of current health status for MD#1. 2. In interview on 5/8/14 at 3:45pm, employee #A1 confirmed the above and no further documentation was provided prior to exit. <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(3)(N)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p>	S000710	This has already been corrected. The ASC will update and maintain all its personnel files on a yearly basis. Personnel files will be reviewed and updated on a yearly basis and prn. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	05/13/2014

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S000784	<p>(N) A requirement that all practitioner orders are in writing or acceptable computerized form and must be authenticated by a responsible practitioner as allowed by medical staff policies and within the time frames specified by the medical staff and center policy not to exceed thirty (30) days.</p> <p>Based on interview, the medical staff failed to ensure a requirement that all orders are to be authenticated by a responsible practitioner within a time frame specified by the medical staff not to exceed 30 days.</p> <p>Findings:</p> <ol style="list-style-type: none"> On 5-7-14 at 11:00 am, employee #A1 was requested to provide documentation of a medical staff requirement that all orders are to be authenticated by a responsible practitioner within a time frame specified by the medical staff not to exceed 30 days. In interview, on 5-9-14 12:10 pm, employee #A1 indicated there was no documentation as requested above of and no other documentation was provided by exit. <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND</p>	S000780	The ASC will update its current policy for a practitioner's order to be authenticated to include the time frame of 30 days. All staff will be in-serviced on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014	

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	<p>SURGICAL 410 IAC 15-2.5-4(b)(3)(P)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(P) A requirement that the final diagnosis be documented along with completion of the medical record within thirty (30) days following discharge.</p> <p>Based on interview, the facility failed to ensuer a medical staff approved policy that the final diagnosis is to be completed in the medical record within 30 days in any instance.</p> <p>Findings:</p> <ol style="list-style-type: none"> On 5-7-14 at 11:00 am, employee #A1 was requested to provide documentation of a medical staff approved policy that the final diagnosis is to be completed in the medical record within 30 days. In interview, on 5-9-14 at 12:10 pm, employee #A1 indicated there was no documentation as requested above and no other documentation was provided prior to exit. 	S000784	The ASC will update its policy on medical records that there will be a final diagnosis documented and the medical record will be completed within the time frame of 30 days of patient discharge. All staff will be in-serviced on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014	

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S000862	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(d)(2)(C)</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>(C) A provision for the following equipment and supplies to be available to the surgical and recovery areas:</p> <p>(i) Emergency call system. (ii) Oxygen. (iii) Resuscitation equipment. (iv) Defibrillator. (v) Cardiac monitors. (vi) Tracheostomy set. (vii) Oximeter. (viii) Suction equipment. (ix) Other supplies and equipment specified by the medical staff.</p> <p>Based on observation and staff interview, the facility failed to provide a tracheostomy set for 1 crash cart observed and failed to have a written provision for emergency call system equipment to be available to the surgical and recovery areas.</p> <p>Findings include:</p>	S000862	This has already been partially completed. The ASC has already purchased an emergency tracheostomy set and placed it on the crash cart (Received 05/13/2014). The crash cart supply list and policy has been updated. The ASC will purchase and install an emergency call system in the surgical and recovery areas of the ASC. A	06/20/2014

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S000888	<p>1. During facility tour beginning at 8:55 a.m. on 5/8/14, there was no tracheostomy set available with the emergency equipment.</p> <p>2. Staff member #N1 verified at the time of tour that the facility did not have a tracheostomy set at this time.</p> <p>1. On 5-7-14 at 11:00 am, employee #A1 was requested to provide written provision for emergency call system equipment to be available to the surgical and recovery areas.</p> <p>2. In interview, on the above date and time, employee #A1 indicated they only used voice communication as an emergency call system and did not have any equipment to provide for this activity. No other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 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</p>		<p>policy will be written for the emergency call system. All staff will be in-serviced on the new policies and procedures on a yearly basis and prn as then need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	

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S000890	<p>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. Based on interview, the medical staff failed to ensure a policy that a written operative report required the inclusion of tissues removed or altered.</p> <p>Findings:</p> <ol style="list-style-type: none"> On 5-7-14 at 11:00 am, employee #A1 was requested to provide documentation of a medical staff policy that a written operative report required the inclusion of tissues removed or altered. In interview, on 5-9-14 at 12:50 pm, employee #A1 indicated there was no documentation as requested above and no other documentation was provided by exit. <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL</p>	S000888	The ASC will update its policy that a practitioner's written operative report be required to have the inclusion of tissues removed or altered. All staff will be in-serviced on the updated policy on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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S001000	<p>410 IAC 15-2.5-4(d)(2)(G)</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>(G) A requirement that a list of tissues excluded from microscopic examination, if applicable, be maintained in surgical services.</p> <p>Based on interview, the medical staff failed to have a written list of tissues excluded from microscopic exam.</p> <p>Findings:</p> <ol style="list-style-type: none"> On 5-7-14 at 11:00 am, employee #A1 was requested to provide a written list of tissues excluded from microscopic exam. In interview, on 5-9-14 at 12:50 pm, employee #A1 indicated there was no documentation as requested above, and no other documentation was provided prior to exit. <p>410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6</p>	S000890	The ASC will create a policy and list to cover any tissues that is to be excluded from microscopic exam. All staff will be in-serviced on the list and policy on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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S001010	<p>The center shall provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services. Pharmaceutical services must have the following:</p> <p>Based on observation and staff interview, the facility failed to ensure expired medications were removed from stock for 1 crash cart observed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During facility tour beginning at 8:55 a.m. on 5/8/14, three (3) vials of Aminophyline with an expiration date of 2/1/13 were observed in the crash cart. 2. Staff member #N1 indicated in interview at the time of the observation that the pharmacy consultant had informed facility that the state had approved maintaining the expired medications in the crash cart, however had no documentation from the state to support this. <p>410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6(3)(A)</p> <p>Pharmaceutical services must have the</p>	S001000	Any and all expired medications has been removed from the ASC.No expired medications will be kept in the ASC without written notification on official state letterhead.The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	05/09/2014

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S001024	<p>following:</p> <p>(3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following:</p> <p>(A) Drug handling, storing, labeling, and dispensing.</p> <p>Based on observation, the facility failed to cleanse multi-dose vials (MDV) with alcohol prior to withdrawal of medication in 1 instance.</p> <p>Findings include:</p> <p>1. During observation of a procedure beginning at 2:10 p.m. on 5/7/14, staff member #N2 failed to wipe the rubber stopper of a previously opened and used MDV of Lidocaine with alcohol prior to withdrawal of medication from the vial.</p> <p>410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6(3)(E)</p> <p>Pharmaceutical service must have the following:</p> <p>(3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the</p>	S001010	The ASC will in-service all staff on proper technique of medication handling. All medication tops will be wiped with alcohol prior to the MD drawing medication. All staff will be in-serviced on proper technique of medication handling on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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S001026	<p>following:</p> <p>(E) Drugs must be accurately and clearly labeled and stored in specially-designated, well-illuminated cabinets, closets, or storerooms and the following: Based on observation and interview, the center failed to ensure appropriately stored medications in 3 instances.</p> <p>Findings:</p> <ol style="list-style-type: none"> On 5/7/14 at 3:55pm in the presence of employee #A1, in procedure room 2, it was observed that the room did not have a lock and on the open counter were 3 medication vials: 1 sealed Triamcinolone diacetate 40mg/ml 10ml single does vial, 1 sealed Bupivacaine HCL 0.5% 5mg/ml 30ml single dose vial and 1 unsealed Lidocaine HCL 10mg/ml 1% 50ml multi-dose vial. In interview on 5/7/14 at 3:55pm, employee #A1 confirmed improper storage of the 3 medication vials above noted. <p>410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6(3)(E)(i)</p> <p>Pharmaceutical services must have the following:</p> <p>(3) Written policies and procedures</p>	S001024	The ASC will in-service all staff on proper storage of medications. All staff will be in-serviced on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

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S001172	<p>developed, implemented, maintained, and made available to personnel, including, but not limited to, the following:</p> <p>(E) Drugs must be accurately and clearly labeled and stored in specially-designated, well-illuminated cabinets, closets, or storerooms and the following:</p> <p>(i) Drug cabinets must be accessible only to authorized personnel.</p> <p>Based on interview, the facility failed to have a written policy and procedure on drug cabinet accessibility to specific personnel by title.</p> <p>Findings:</p> <p>1. On 5-7-14 at 11:00 am, employee #A1 was requested to provide documentation of a written policy and procedure on drug cabinet accessibility to specific personnel by title. No documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(5)</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</p>	S001026	The ASC will update its policy and procedure on accessibility of medications to specific personnel by title. All staff will be in-serviced on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.	06/20/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001061	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/09/2014
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NAME OF PROVIDER OR SUPPLIER SURGERY CENTER FOR PAIN OF SOUTHERN INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 2920 MCINTIRE DR STE 150 BLOOMINGTON, IN 47403
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	<p>safety and well-being of patients are assured as follows:</p> <p>(5) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following: Based on observation and interview, the facility failed to maintain clean walls, floors, ceilings and furnishings throughout the building in 2 areas.</p> <p>Findings:</p> <p>1. On 5/7/14 at 11:00am, it was observed in procedure room 1 that there was heavy dust, cobweb like structures and dead insects in the corners of the floor, heavy dust on the window blinds and notable dust on the walls.</p> <p>2. On 5/7/14 at 3:55pm, in the presence of employee #A1, it was observed in procedure room 2 on the ceiling above the procedure table, a thick web like structure containing insect egg like objects and dangling dust covered cob web structures above the blinds to the side of the procedure table.</p> <p>3. In phone interview on 5/8/14 at 2:30pm, staff member #01 with contracted cleaning company #1, indicated the following:</p>	S001172	<p>This is already completed. The ASC has contacted the cleaning company (JCos) to address any cleaning issues with their company. All staff has been instructed on what cleaning duties they are required to complete in the ASC. A QA will be completed on the cleaning company on a yearly basis and prn if the need arises. All staff will be in-serviced on a yearly basis and prn as the need arises. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	05/13/2014

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S001198	<p>A. The company provides janitorial services to the ASC with general office scope of service.</p> <p>B. The cleaning does not include disinfection of surfaces.</p> <p>C. The nightly cleaning includes taking out trash, mopping the floors and spot cleaning the glass.</p> <p>D. They dust the walls monthly including dusting for cobwebs.</p> <p>4. In interview on 5/8/14 at 3:45pm employee #A1 confirmed the above.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(6)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(6) Emergency and disaster preparedness coordinated with appropriate community, state, and federal agencies.</p> <p>Based on interview, the facility failed to coordinate emergency disaster and preparedness with an appropriate governmental agency in all instances.</p> <p>Findings:</p>	S001198	The ASC will coordinate with the appropriate government agencies for their emergency and disaster preparedness plan. Documentation of such communication will be kept at the ASC to prove the coordination has been done. Coordination will	06/20/2014

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S001210	<p>1. On 5-9-14 at 11:00 am, employee #A1 was requested to provide documentation of coordination of emergency disaster and preparedness with an appropriate governmental agency.</p> <p>2. In interview, on 5-9-14 at 1:25 pm, employee #A1 indicated there was no documentation as requested above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-8 RADIOLOGY SERVICES 410 IAC 15-2.5-8(c)(1)</p> <p>(c) All centers shall comply with all regulations set forth in this rule and with 410 IAC 5, when radiology services are provided on-site by the center, including, but not limited to the following:</p> <p>(1) Radiology services must be supervised by a radiologist or radiation oncologist.</p> <p>Based on document review and interview, the facility failed to comply with the hospital Condition of Participation for radiological services found at 42 CFR 482.26, in all instances.</p> <p>Findings:</p>	S001210	<p>be completed on a yearly basis. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p> <p>The ASC will update its policy on Radiology Services to indicate proper policies and procedures for testing of equipment for radiation standards, proper storage of radiation badges when not in use, and identifying pregnant patients. The ASC will set up a contract with a state</p>	06/20/2014

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	<p>1. Review of hospital Condition of Participation for radiological services found at 42 CFR 482.26 indicated there must be policies and procedures for testing of equipment for radiation standards, proper storage of radiation badges when not in use, and a method to identify pregnant patients.</p> <p>2. Review of a document entitled RADIOLOGY SERVICES POLICY, approved 12-7-11, indicated it did not include the above-stated required written policies and procedures.</p> <p>3. In interview, on 5-9-14 at 3:40 pm, employee #A1 confirmed there were no written above-stated policies and procedures and no other documentation was provided prior to exit.</p>		<p>certified radiologist or radiation oncologist to supervise the ASC's radiology services. The ASC will in-service all staff on these policies and procedures on a yearly basis and prn as the need arises. The ASC will maintain a contract with a radiologist or radiation oncologist to supervise the ASC's radiology services. The Nurse Administrator (MaryAnn Jacobs, RN) will be responsible to maintain compliance.</p>	