

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001025	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/05/2012
NAME OF PROVIDER OR SUPPLIER  MERIDIAN PLASTIC SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 170 W 106TH ST INDIANAPOLIS, IN 46290		
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Q0000	<p>This visit was for a recertification survey.</p> <p>Facility Number: 005406</p> <p>Survey Date: 1-3/5-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/12/12</p>	O0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q0162	<p>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:</p> <ul style="list-style-type: none"> <li>(1) Patient identification.</li> <li>(2) Significant medical history and results of physical examination.</li> <li>(3) Pre-operative diagnostic studies (entered before surgery), if performed.</li> <li>(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.</li> <li>(5) Any allergies and abnormal drug reactions.</li> <li>(6) Entries related to anesthesia administration.</li> <li>(7) Documentation of properly executed informed patient consent.</li> <li>(8) Discharge diagnosis.</li> </ul> <p>Based on document review, the medical staff failed to ensure that the medical record (MR) was promptly completed within 30 days following discharge for 16 of 30 MRs reviewed (Patient #4, 6, 8, 13, 14, 15, 16, 19, 20, 22, 23, 24, 25, 26, 27 and 30).</p> <p>Findings include:</p> <p>1. Review of policy/procedure 4.11, Completeness of Medical Records, indicates the following: "The medical records will be completed within 30 days of the surgical procedure and filed according to the medical number</p>	Q0162	Q 0162 Physicians. Director, Staff Responsible- All physicians have agreed to set aside a time each week to read and sign their operative notes. We are having a meeting in 30 days to discuss this issue again. The secretary is to keep them posted when they have records to sign. We will do an audit monthly to see if we are improving. Our Medical Records Review person will be here this week and will audit for this also.	02/05/2012			

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	<p>assigned." This policy/procedure was last reviewed/revised on 05-29-09.</p> <p>2. On 11-10-09 review of the following MRs indicated the following: patient #4 had surgery on 11-29-11 and the MR lacked documentation of an Operative Report. patient #6 had surgery on 11-21-11 and the Operative Report lacked a physician signature and date. patient #8 had surgery on 11-09-11 and the Operative Report lacked a physician signature and date. patient #13 had surgery on 10-26-11 and the MR lacked documentation of an Operative Report. patient #14 had surgery on 10-21-11 and the Operative Report was signed by the physician on 11-29-11. patient #15 had surgery on 10-19-11 and the Operative Report was signed by the physician on 12-01-11. patient #16 had surgery on 10-21-11 and the Operative Report was signed by the physician on 11-29-11. patient #19 had surgery on 09-02-11 and the Operative Report lacked a physician signature and date. patient #20 had surgery on 08-29-11 and the Operative Report lacked a physician signature and date. patient #22 had surgery on 10-10-11 and</p>						

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	<p>the Operative Report was signed by the physician on 11-17-11.</p> <p>patient #23 had surgery on 10-06-11 and the Operative Report was signed by the physician on 11-17-11.</p> <p>patient #24 had surgery on 10-05-11 and the Operative Report was signed by the physician on 12-01-11.</p> <p>patient #25 had surgery on 11-15-11 and the Operative Report lacked a physician signature and date.</p> <p>patient #26 had surgery on 09-30-11 and the Operative Report was signed by the physician on 11-10-11.</p> <p>patient #27 had surgery on 09-27-11 and the Operative Report was signed by the physician on 11-01-11.</p> <p>patient #30 had surgery on 09-16-11 and the Operative Report was signed by the physician on 11-03-11.</p>				

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Q0181	<p>416.48(a) ADMINISTRATION OF DRUGS Drugs must be prepared and administered according to established policies and acceptable standards of practice.</p> <p>Based on document review, the facility failed to ensure that drugs were administered per physician orders for 3 of 30 MRs reviewed (Patient #3, 5 and 15).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of patient #3's MR indicates the patient had surgery on 12-01-11 and was administered percocet ii tabs on 12-01-11 at 1600 hours. The patient's MR lacked documentation of a physician's order to administer percocet.</li> <li>2. Review of patient #5's MR indicates the patient had surgery on 11-22-11 and was administered percocet ii tabs on 11-22-11 at 1136 hours. The patient's MR lacked documentation of a physician's order to administer percocet.</li> <li>3. Review of patient #15's MR indicates the patient had surgery on 10-19-11 and was administered Toradol 60 mg IVP on 10-19-11 at 1335 hours. The patient's MR indicated the following physician's order, 60 mg IVP.</li> </ol>	O0181	<p>Q 181-Director Responsible - Staff was utilizing the post op Prescription as their order for the dose of pain medication they gave the patient before leaving the PACU. This was acknowledged by the treating anesthesiologist that we could use that as an order, however, we did not have that written as an order at that time and was not in the policy. We now are adding the order that the post op prescription may be used as an order for the po pain medication. This has been added to our policy also. Q 181 - Director responsible - A verbal order was written, but the nurse failed to list for what medication. She wrote 60mg, IV, but did not name for what medication. She documented that she gave Toradol 60mg IV. She was notified of this error, corrected it and everyone at a staff meeting on Friday, Jan, 6th was in-serviced once again on verbal orders. Addendum 3/29/12 - Q181 - We will monitor this issue with a QA study to see if everyone is using the order for medications and to be sure nurses include all the information they need to for a verbal order. We do final checks on charts before they are filed and the Medical Record Review will also</p>	03/30/2012			

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			monitor for compliance for our verbal orders and regular orders.	

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Q0226	<p>416.50(a)(3)(ii), (iii), (iv) GRIEVANCES - MISTREATMENT, ABUSE, NEGLIGENCE (ii) All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented. (iii) All allegations must be immediately reported to a person in authority in the ASC. (iv) 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's grievance procedure was not specific for grievances relating, but not limited to, verbal, sexual, mental or physical abuse, and that substantiated allegations must be reported to the appropriate State authority.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of Policy # 1.18 entitled Patient's Grievance Procedure indicated grievances included mistreatment, abuse and neglect. There was no reference specifically to grievances relating, but not limited to, verbal, sexual, mental or physical abuse and that substantiated allegations must be reported to the appropriate State authority.</li> <li>On 1-5-12 at 1:45 pm, employee #A1, upon interview, indicated there was nothing in the above-stated policy indicating reference specifically to</li> </ol>	Q0226	Q 0226 Director responsible - Our Patient's Rights was missing some verbage that is required. This has now been added or changed and is posted in our lobby and has been given to all of the schedulers to send in the patien's pre-op package. The schedulers have all been informed of the need to send the new version and to destroy the old version. See the new version attached.	01/20/2012	

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	grievances relating, but not limited to, verbal, sexual, mental or physical abuse and that substantiated allegations must be reported to the appropriate State authority. No other documentation was provided prior to exit.			

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Q0230	<p>416.50(b)(2), 416.50(b)(3) EXERCISE OF RIGHTS BY OTHERS (2) If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf. (3) If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.</p> <p>Based on document review and interview, the facility failed to give to the patient and post, those rights if the patient was incompetent, whether adjudged or not, and who could exercise the patient's rights.</p> <p>Findings:</p> <p>1. Review of a facility document entitled PATIENT BILL OF RIGHTS, given to the patient prior to the day of surgery and posted in the facility's reception area, indicated it did not include those rights if the patient was incompetent, whether adjudged or not, and who could exercise the patient's rights.</p> <p>2. On 1-5-12 at 1:45 pm, employee #A1, upon interview, indicated there was nothing given to the patient prior to the day of surgery and not posted, indicating those rights if the patient was incompetent, whether adjudged or not,</p>	Q0230	Q 230 - Director responsible - We have added the line to our Patient Rights That states The patient has a "right to have a Guardian to exercise their rights whether you have been adjudged incompetent or not". This has been added to our Patient Rights.	01/20/2012			

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	and who could exercise the patient's rights. No other documentation was provided prior to exit.			

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Q0232	<p>416.50(c)(2) SAFETY [The patient has the right to -] Receive care in a safe setting</p> <p>Based on document review and interview, the facility failed to ensure a policy, give to the patient prior to the day of surgery and post, that the patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policies and procedures indicated there was no policy that the patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors.</li> <li>2. Review of a facility document entitled PATIENT BILL OF RIGHTS, given to the patient prior to the day of surgery and posted in the facility's reception area, indicated it lacked that the patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors.</li> <li>3. On 1-5-12 at 1:45 pm, upon interview, employee #A1 indicated there was nothing given to the patient prior to the day of surgery nor posted, indicating that</li> </ol>	Q0232	Q 0232 - Director responsible - We have added the verbage to our Patient Rights. " The patient has a right to receive care in a safe setting, free of contaminated materials and unwanted visitors." Attached see Patient Rights.	01/20/2012			

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	the patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors. No other documentation was provided prior to exit.			

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Q0234	<p>416.50(d) CONFIDENTIALITY OF CLINICAL RECORDS</p> <p>The ASC must comply with the Department's rules for the privacy and security of individually identifiable health information, as specified at 45 CFR parts 160 and 164.</p> <p>Based on document review, observation and interview, the facility failed to ensure unauthorized individuals could not gain access to confidential patient information in 1 instance.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of facility Policy 4.01, entitled MEDICAL RECORDS-GENERAL, indicated non-Surgery Center employees shall not have access to MPSC [Meridian Plastic Surgery Center] records (patient charts).</li> <li>On 1-5-12 at 10:55 am, while on facility tour with employee #A1, it was observed that there were two individuals in the medical records storage area.</li> <li>At the above date and time, upon interview, employee #A1 indicated one of the individuals was an employee of the surgery center and the other was not (directly or contracted).</li> </ol>	Q0234	<p>Q234. Director responsible. Our policies are clear here that no non-surgery center employees are allowed to read a chart or access any information regarding a surgery patient unless it is work related. It is in our Policies, Personnel information given out upon employment, HIPAA policies, a confidentiality consent everyone signs. If the policy is violated, the employee can be terminated. The employees that are adjacent to our stored patient files are two Transcriptionist. One is a contract employee paid by the surgery center and the other one is the office transcriptionist. The office staff schedule our surgery patients and we have a lot of business information and scheduling information in both of their charts that is the same or necessary to refer to at times for the safety of the patient and efficiency of our schedule. We feel this is deficiency is not possible for the simple reason that there may be a "need to know" related to their surgery and pertinent information. Not a violation of confidentiality. Addendum: 3/29/12 Director responsible-TAG Q234. We are installing</p>	04/04/2012	

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			padlocks on the Medical record file cabinets that will only be accessible to Surgery Center employees. I have called and placed my order and he will be here next Monday or Tuesday .		

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S0414	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(1)</p> <p>(f) The center shall establish a committee to monitor and guide the infection control program in the center as follows:</p> <p>(1) The infection control committee shall be a center or medical staff committee, that meets at least quarterly, with membership that includes, but is not limited to, the following:</p> <p>(A) The person directly responsible for management of the infection surveillance, prevention, and control program as established in subsection (d).</p> <p>(B) A representative from the medical staff.</p> <p>(C) A representative from the nursing staff.</p> <p>(D) Consultants from other appropriate services within the center as needed.</p> <p>Based on document review, the facility failed to ensure that the Medical Staff Bylaws for the Infection Control Committee composition was followed.</p> <p>Findings include:</p> <p>1. Review of the Medical Staff Bylaws indicated the following: "Section E. Infection Control Committee 1. This committee shall consist of a</p>	S0414	S 414 - Director responsible -We will include two medical staff members as well as the Medical Director in our Infection Control meeting. Addendum: S414 - The infection control officer is appointed by the Board of Directors. That person is also the nurse representative on the IF committee. The Medical Director and 2 other physicians are also on this committee.	03/30/2012

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	<p>chairman and two (2) members appointed from the medical staff. The Director shall serve as an adjunct member."</p> <p>2. Review of the Infection Control Committee minutes for 02-28-11, 05-25-11, 08-24-11 and 11-21-11 indicated the committee attendees was the chairman, 1 member from the medical staff and the Director.</p>			

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S0624	<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, observation and interview, the facility failed to ensure unauthorized individuals could not gain access to confidential patient information in 1 instance.</p> <p>Findings:</p> <p>1. Review of facility Policy 4.01, entitled MEDICAL RECORDS-GENERAL, indicated non-Surgery Center employees shall not have access to MPSC [Meridian Plastic Surgery Center] records (patient charts).</p>	S0624	S 0624 Director responsible. In our policy, we state that non-surgery center employees shall not have access to surgery center records, unless there is a "need to know" . The two people in the adjacent room to our records are both transcriptionist. Everyone in the building is held to a confidentiality policy and personnel rules, by where they can be terminated for looking in a record for non-business reasons. I have attached our confidentiality information and feel this is a tag that we feel we address very well. The flow of information between our office	04/04/2012			

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	<p>2. On 1-5-12 at 10:55 am, while on facility tour with employee #A1, it was observed there were two individuals in the medical records storage area.</p> <p>3. At the above date and time, upon interview, employee #A1 indicated one of the individuals was an employee of the surgery center and the other was not (directly or contracted).</p>		<p>and our surgery center record has much the same information and in fact is where the information comes from to start with. The patient has to be seen and evaluated in the office before they can even be seen in the surgery center. See attached.Addendum 1/29/12 - SO624 - We are having padlocks installed early next week on the Medical Records file cabinets so only surgery center employees can access our records. The keys will be locked in our narcotics box.</p>		

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S0630	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(d)</p> <p>(d) The medical record must contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of the patient's stay in the center and the results.</p> <p>Based on document review, the facility failed to ensure that the medical record (MR) contained sufficient information to justify the treatment for 3 of 30 MRs reviewed (Patient #3, 5 and 15).</p> <p>Findings include:</p> <p>1. Review of patient #3's MR indicates the patient had surgery on 12-01-11 and was administered percocet ii tabs on 12-01-11 at 1600 hours. The patient's MR lacked documentation of a physician's order to administer percocet.</p> <p>2. Review of patient #5's MR indicates the patient had surgery on 11-22-11 and was administered percocet ii tabs on 11-22-11 at 1136 hours. The patient's MR lacked documentation of a physician's order to administer percocet.</p>	S0630	1/20/12- S 630 - Director responsible - same as Q 181 - Staff was utilizing the post op prescription as their order for the dose of pain medication given to the patient before leaving the PACU. This was acknowledged by the treating anesthesiologist that we could use that as an order, however, we did not have that written as an order at that time and was not in our policy. We now have added the order that the post op prescription may be used as an order for the po pain medicine. This has been added to our policy also. S 630 -Director responsible- A verbal order was written, but the nurse failed to list for what medication. She wrote 60mg, IV, but did not name for what drug. She documented that she gave Toradol 60 mg IV. She has been notified and corrected her error. The whole staff was given an in service again on verbal orders last Fri. 1/6/12. Addendum -	03/30/2012	

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	3. Review of patient #15's MR indicates the patient had surgery on 10-19-11 and was administered Toradol 60 mg IVP on 10-19-11 at 1335 hours. The patient's MR indicated the following physician's order, 60 mg IVP.		3/29/12 - S630 - We will monitor the charts in a QA study to see if the order is signed and in use for using post op pain medication prescription for the pain medication in PACU before the patient goes home. This will also be monitored by our Medical Record Review person quarterly. We also do final checks on all charts before they are filed for compliance and can again check this issue.		

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S0784	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND 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 document review, the medical staff failed to ensure that the medical record (MR) was completed within 30 days following discharge for 16 of 30 MRs reviewed (Patient #4, 6, 8, 13, 14, 15, 16, 19, 20, 22, 23, 24, 25, 26, 27 and 30).</p> <p>Findings include:</p> <p>1. Review of policy/procedure 4.11, Completeness of Medical Records, indicates the following; "The medical records will be completed within 30 days of the surgical procedure and filed according to the medical number assigned." This policy/procedure was last reviewed/revised on 05-29-09.</p> <p>2. On 11-10-09 review of the following MRs indicated the following:</p>	S0784	S0784 Director, Physicians, staff, transcriptionists MD's staff- responsible. All physicians have agreed to set aside a time each week to read and sign their operative notes. We are having a meeting in February to discuss this issue. The transcriptionist is to keep them posted when they have records to sign. We will do an audit monthly to see if we are improving. Our Medical Records consultant was here yesterday to audit charts and felt we had done a better job. She audits our records quarterly and will continue to monitor this issue as well.	01/20/2012			

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	<p>patient #4 had surgery on 11-29-11 and the MR lacked documentation of an Operative Report.</p> <p>patient #6 had surgery on 11-21-11 and the Operative Report lacked a physician signature and date.</p> <p>patient #8 had surgery on 11-09-11 and the Operative Report lacked a physician signature and date.</p> <p>patient #13 had surgery on 10-26-11 and the MR lacked documentation of an Operative Report.</p> <p>patient #14 had surgery on 10-21-11 and the Operative Report was signed by the physician on 11-29-11.</p> <p>patient #15 had surgery on 10-19-11 and the Operative Report was signed by the physician on 12-01-11.</p> <p>patient #16 had surgery on 10-21-11 and the Operative Report was signed by the physician on 11-29-11.</p> <p>patient #19 had surgery on 09-02-11 and the Operative Report lacked a physician signature and date.</p> <p>patient #20 had surgery on 08-29-11 and the Operative Report lacked a physician signature and date.</p> <p>patient #22 had surgery on 10-10-11 and the Operative Report was signed by the physician on 11-17-11.</p> <p>patient #23 had surgery on 10-06-11 and the Operative Report was signed by the physician on 11-17-11.</p> <p>patient #24 had surgery on 10-05-11 and</p>			

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	<p>the Operative Report was signed by the physician on 12-01-11.</p> <p>patient #25 had surgery on 11-15-11 and the Operative Report lacked a physician signature and date.</p> <p>patient #26 had surgery on 09-30-11 and the Operative Report was signed by the physician on 11-10-11.</p> <p>patient #27 had surgery on 09-27-11 and the Operative Report was signed by the physician on 11-01-11.</p> <p>patient #30 had surgery on 09-16-11 and the Operative Report was signed by the physician on 11-03-11.</p>			