

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  012742	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/05/2012
NAME OF PROVIDER OR SUPPLIER  RIVERVIEW SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 176 NORTH PLAZA DRIVE ROCKPORT, IN 47635		
(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) COMPLETE DATE
S 000	INITIAL COMMENTS  This visit was for a pre-occupancy licensure survey. Facility Number: 012742 Survey Date: 7-5-12 Surveyor: Jack I. Cohen, MHA Medical Surveyor  QA: claughlin 07/11/12	S 000	Received 7-13 2012	
S 802	410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL  410 IAC 15-2.5-4(c)(1)(A)  The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:  (A) A requirement that a licensed physician with specialized training or experience in the administration of an anesthetic supervise the administration of the anesthetic to a patient and remain present in the facility during the surgical procedure, except when only a local infiltration anesthetic is administered.  This RULE is not met as evidenced by: Based on document review and interview, the	S 802	1. On 7/3/12 the Administrator sent a credentialing application for anesthesiologist to the contracted credentialing company. On 7/9/12 Administrator sent credentialing file to the Medical Director of Riverview Surgery Center for review and consideration of temporary privileges. The Medical Director gave temporary privileges to the anesthesiologist for 90 days, pending credentialing completion from the contracted credentialing company. The Administrator submitted a letter of notification to the anesthesiologist on 7/10/12, stating temporary privileges were given for Riverview Surgery Center. Date of Correction 7/10/12.  2. To prevent the occurrence from happening in the future, as per our policy for CRNA Supervision, the Administrator will submit all future credentialing applications to the Medical Director for review & consideration of privileges, within 48 hours of receipt of application packets. The Administrator will submit all future credentialing applications to contracted	

*POC approved 7-13-2012 JF*

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

*[Signature]*  
TITLE Administrator  
(X6) DATE 7-12-12

STATE FORM

020

GDJH11

If continuation sheet 1 of 3

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NAME OF PROVIDER OR SUPPLIER  RIVERVIEW SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 176 NORTH PLAZA DRIVE ROCKPORT, IN 47635		
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S 802	Continued From page 1 facility failed to ensure a credentialed and privileged physician with specialized training or experience in the administration of anesthesia to supervise the administration of anesthetics to patients and who could remain present in the facility during the surgical procedure for 3 of 3 credential files reviewed.  Findings:  1. Review of medical staff credential files MD#1, MD#2 and MD#3 indicated all three lacked documentation of specialized training and experience in the administration of anesthesia.  2. In interview, on 7-5-12 at 3:00 pm, employee #A1 indicated the facility currently did not have an anesthesiologist credentialed and privileged by the medical staff and no further documentation was provided prior to exit.	S 802	credentialed company within 48 hours of receipt for completion of credentialing process. The Administrator will notify the applicant of privileges given within 48 hours of approval by Medical Director. The Administrator will review with the Governing Board and QAPI committee, quarterly, any new or outstanding credentialing packets.  3. The Administrator is responsible for ensuring that all credentialing applications, privileges, and notification of privileges have been submitted to the appropriate persons.  4. Date of Correction: 7/10/12.	
S1000	410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES  410 IAC 16-2.5-6  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:	S1000	S1000  1. On 7/5/12, the Administrator called the vendor representative for an update on the pain medications & dantrium previously ordered. On 7/5/12, the Administrator called the backup vendor representative to inquire about availability of pain medications. On 7/9/12, the Administrator spoke with the local pharmacist who was able to order pain medications for the facility. On 7/11/12, the Administrator received the pain medications from the local pharmacist. On 7/6/12, the facility received two boxes of 6 vials of Dantrolene 20mg. On 7/11/12, the	

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S1000	<p>Continued From page 2</p> <p>This RULE is not met as evidenced by: Based on review of documents and interview, the facility failed to ensure the provision of drugs in accordance with accepted professional practice in 2 instances.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. It was observed on tour of the facility on 7-5-12 at 6:40 pm in the presence of employee #A1, there were no pain medications stored at the facility.</li> <li>2. On interview, on 7-15-12 at 6:45 pm, employee #A1 indicated the facility had ordered pain medication drugs, but they had not yet arrived at the facility.</li> <li>3. Review of American Operating Room Nurses (AORN) standards and Malignant Hyperthermia Association of the United States (MHAUS) recommendations indicated a facility should have at least 36 vials of dantrium available in each institution where malignant hyperthermia can occur.</li> <li>4. It was observed on tour of the facility on 7-5-12 at 6:45 pm in the presence of employee #A1, there were six (6) 20mg vials of dantrium stored at the facility.</li> <li>5. On interview, on 7-15-12 at 6:45 pm, employee #A1 indicated there was no other dantrium stored at the facility.</li> </ol>	S1000	<p>facility received three boxes of 6 vials of Dantrolene. Date of Correction: 7/11/12.</p> <ol style="list-style-type: none"> <li>2. To prevent the occurrence from happening in the future, on 7/12/12 the Administrator, DR, and PACU nurse set PAR levels for ordering narcotics &amp; dantrolene. The PACU nurse &amp; second RN will count narcotics daily. The OR nurse will check the MH cart daily for the count of Dantrolene. When the medications have reached the PAR levels, the OR/PACU nurse will notify the Administrator or designee to reorder. The OR/PACU nurse will notify the Administrator if the reordered medications have not been received within 48 hours. The Administrator will follow-up, upon notification by the OR/PACU nurse, and find alternative ordering options. The Administrator will review any ordering issues with the Governing Board &amp; QAPI committee.</li> <li>3. The OR and PACU nurse are responsible for the daily checks/counts of narcotics &amp; dantrolene. The Administrator or designee will be responsible for reordering the medications. The OR, PACU nurses and Administrator are responsible for verification of receipt of ordered medications:</li> <li>4. Plan of Correction: 7/12/12.</li> </ol>		