

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2011
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NAME OF PROVIDER OR SUPPLIER  SURGERY CENTER PLUS	STREET ADDRESS, CITY, STATE, ZIP CODE 7430 N SHADELAND AVE STE 100 INDIANAPOLIS, IN46250
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S0000	This visit was for a State licensure survey.  Facility Number: 005402  Survey Date: 9-13-11/9-15-11  Surveyor: Jack I. Cohen, MHA Medical Surveyor  QA: cloughlin 09/22/11	S0000		
S0310	410 IAC 15-2.4-2(a)(1)  The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:  (1) All services, including services furnished by a contractor. Based on document review, the facility failed to include 6 services furnished by a contractor and 1 directly-provided service, in its quality assessment performance improvement (QAPI) program.  Findings:  1. Review of the facility's QAPI program indicated it did not include the contracted	S0310	1. We currently report biohazardous waste services, housekeeping services, tissue lab (pathology) services, and laundry/linen services in every quarterly QA committee meeting under infection control.2. We do not contract transcription. Our transcription is done electronically by the physicians and a Center staff person. We will report any transcription issues quarterly	10/12/2011

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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	<p>services of biohazardous waste, housekeeping, clinical lab, tissue lab, laundry/linen and transcription.</p> <p>2. Review of the facility's QAPI program indicated it did not include the directly-provided service of nursing.</p> <p>3. On 3-15-10 at 9:30 am, employee #A1 was requested to provide documentation of inclusion of the above services. No documentation was provided prior to exit.</p>		<p>to the QA committee.3. Center performs only CLIA waved testing (Urine HCG and Glucose by glucometer). Documentation and controls performed will be reported in the quarterly QA committee meeting.4. Center does not employee contracted nursing services. Direct nursing services by Center nurses will be reported quarterly to the QA committee. We already report to the QA Committee quarterly nursing services on pain assessment and discharge criteria. Center nursing staff services are evaluated by orientation, yearly reorientation, patient surveys, various QA studies, educational activities, incident reporting, etc. These will be reported in the October 12, 2011 QA Committee meeting and then to Medical Staff and BOD for final review.This will be monitored quarterly to prevent recurrence. This will be the responsibility of administrator and nursing supervisor. ***See attachments A and B</p>		

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S0320	<p>410 IAC 15-2.4-2(a)(2)</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>(2) All functions, including, but not limited to, the following:</p> <p>(A) Discharge and transfer. (B) Infection control. (C) Medication errors. (D) Response to patient emergencies.</p> <p>Based on document review, the facility failed to include the function of response to patient emergencies 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 the function of response to patient emergencies.</p> <p>2. On 9-15-11 at 2:15 pm, upon interview, employee #A1 indicated repose to patent emergencies was not included in the facility's QAPI program and no documentation was provided prior to exit.</p>	S0320	Response to patient emergencies will be reported in the quarterly QA Committee meeting. This will be reported every quarter in the QA Committee meeting to prevent recurrence. This will be the responsibility of the administrator and nursing supervisor. ***See attachment A, B, and J	10/12/2011	

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S0736	<p>410 IAC 15-2.5-4(b)(3)(B)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(B) Meeting requirements of the medical staff to include, at a minimum, the following:</p> <p>(i) Frequency, at least quarterly. (ii) Attendance.</p> <p>Based on document review and interview, the facility's medical staff failed to meet at least quarterly in year 2010.</p> <p>Findings:</p> <p>1. Review of the medical staff minutes of year 2010 indicated the medical staff met in only 3 quarters, January 27, July 21 and October 27.</p> <p>2. On 9-15-11 at 1:00 pm, upon interview, employee #A1 indicated there was no documentation of the medical staff meeting in the second quarter of 2010 and none was provided prior to exit.</p>	S0736	<p>We had electronic meeting minutes for the second quarter of 2010, but they were not printed off and made available to the surveyor. This was completed on 9/16/2011. The administrator will ensure that all hard copy Medical Staff minutes are placed in the book of meeting minutes after every quarterly meeting to prevent recurrence. This is the responsibility of the administrator.***See attachment C and B</p>	09/16/2011	

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S0862	<p>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 document review and observation, the facility's code cart failed to contain all supplies, as appeared on the Crash Cart Contents - Operating Room list, approved by the medical staff.</p> <p>Findings:</p> <p>1. On 9-14-11 at 12:20 pm, in the presence of employees #A1 and #A2, a count of the items in the Operating Room Crash Cart, as compared to the facility</p>	S0862	<p>Hard copy list of crash cart contents did not match exactly with the actual contents in the cart. Crash cart contents and policy have been reviewed, updated, and will be reported to QA Committee in the quarterly meeting on 10/12/2011. This update has been done by the nursing supervisor and nursing staff. Entire content will be checked monthly during monthly pharmacy inspection or anytime a drawer lock is replaced under the supervision of the nursing</p>	10/12/2011	

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	<p>document entitled CRASH CART CONTENTS - OPERATING ROOM, indicated the following items did not match:</p> <table border="0"> <tr> <td># indicated</td> <td># counted</td> <td></td> </tr> <tr> <td>to be in</td> <td>in Crash</td> <td></td> </tr> <tr> <td>Item</td> <td>Cart</td> <td></td> </tr> <tr> <td>Crash Cart</td> <td>Cart</td> <td></td> </tr> <tr> <td>EKG Pads Adult, 1 pkg pf 10</td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>0</td> <td></td> </tr> <tr> <td>Pen Light</td> <td></td> <td>1</td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Syringes 60cc</td> <td></td> <td>4</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>30cc</td> <td></td> <td>4</td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> <tr> <td>20cc</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>3</td> <td></td> </tr> <tr> <td>IV Catheters 14 ga</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>2</td> <td></td> </tr> <tr> <td>18 ga</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>1</td> <td></td> </tr> <tr> <td>20 ga</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>2</td> <td></td> </tr> <tr> <td>22 ga</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>1</td> <td></td> </tr> <tr> <td>Endotracheal Tubes 5.5</td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>0</td> <td></td> </tr> <tr> <td>Suction Catheters</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>1</td> <td></td> </tr> <tr> <td>Adenocard 6mg/2ml</td> <td></td> <td></td> </tr> </table>	# indicated	# counted		to be in	in Crash		Item	Cart		Crash Cart	Cart		EKG Pads Adult, 1 pkg pf 10			1	0		Pen Light		1	0			Syringes 60cc		4	2			30cc		4	0			20cc			4	3		IV Catheters 14 ga			4	2		18 ga			4	1		20 ga			4	2		22 ga			4	1		Endotracheal Tubes 5.5			1	0		Suction Catheters			2	1		Adenocard 6mg/2ml				<p>supervisor. The nursing supervisor's quarterly checklist will include this to prevent recurrence., ***See attachment D, E, and F</p>	
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3	2 Bretylum 500mg/10cc			
1	0 Dilantin 100mg/1cc			
2	1 Dobutrex 250mg/20cc			
1	0 Inderal (Propranolol) 1mg/cc			
2	1 Lanoxin 0.5mg/2cc			
2	1 Lasix 20mg/2cc			
1	0 Normadyne 100mg/20cc			
1	0 Pronestyl 1g/10cc			
4	1 Robinul 0.2mg/cc			
3	0 Sodium Bicarbonate 8.4%/50ml			
2	1 Verapamil 5mg/2cc			
1	0 IV Solutions NaCl 500cc			
2	0 L/R 500cc			
4	0 D2W 50cc			
2	1 IV Administration Sets - Micro			
2	1 Secondary Tubing			
2	1 Needles 18 ga. 1 1/2 inch			

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S1146	<p>5 2 McGill Forceps</p> <p>1 0 Guide Wire</p> <p>1 0 Temperature Probe</p> <p>1 0</p> <p>410 IAC 15-2.5-7(b)(2)</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 safety and well-being of patients are assured as follows:</p> <p>(2) No condition may be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on document review and observation, the facility maintained 3 conditions which may result in a hazard to patients, public, or employees.</p> <p>Findings:</p> <p>1. Review of facility policy 16.12, entitled Emergency Operations, indicated all cylinders will be properly secured with chains in the Gas Cylinder Storage Room.</p> <p>2. On 9-14-11 at 11:50 am in the presence of employees #A1 and #A2, it</p>	S1146	<p>1. Our policy states that all gas cylinders will be chained for safety. We have a daily checklist for instrument room staff and it has been added to the checklist for the istrument room staff to check cylinders daily for security/safety.2. All alcohol based hand sanitizers have been removed from the carpeted area in preop and secondary recovery room. Policy #9.11 states that no alcohol based hand sanitizers will be used in carpeted clinical areas.The end of day checklist now contains checking for chaining of gas cylinders and ensuring there are no alcohol</p>	09/15/2011			

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	<p>was observed in the Gas Cylinder Storage Room there were 2 small nitrogen cylinders and 1 medium size oxygen cylinder that were stored on the floor unsecured by chain or holder.</p> <p>3. If any of the above items were knocked over and broke the head off the compressed cylinder, it could cause harm to people and/or property.</p> <p>4. On 9-14-11 at 11:05 am in the presence of employees #A1 and #A2, it was observed in the Pre-Op area there were 4 spray alcohol-based hand sanitizers. It was also observed the area was carpeted and not sprinklered.</p> <p>5. On 9-14-11 at 11:10 am in the presence of employees #A1 and #A2, it was observed in the secondary Recovery Area area there was 1 spray alcohol-based hand sanitizer. It was also observed the area was carpeted and not sprinklered.</p> <p>5. In both of the above cases of the alcohol-based hand sanitizers, their being in carpeted areas that were not sprinklered posed a fire hazard if the flammable alcohol was sprayed or dropped onto the carpeted areas.</p>		<p>based hand sanitizers in the preop and secondary recovery areas to prevent recurrence. This is the responsibility of clinical staff under the supervision of nursing supervisor. ***See attachmet G, H, and I</p>		

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

PRINTED: 10/24/2011

FORM APPROVED

OMB NO. 0938-0391

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