

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001062	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/29/2011
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NAME OF PROVIDER OR SUPPLIER NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER, L	STREET ADDRESS, CITY, STATE, ZIP CODE 8424 NAAB ROAD, SUITE 3G INDIANAPOLIS, IN46260
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O0000	This visit was for a re-certification survey.  Facility Number: 008902  Survey Date: 12-27/29-11  Surveyors: Jack I. Cohen, MHA Medical Surveyor  John Lee, RN Public Health Nurse Surveyor  QA: claughlin 01/04/12	O0000	.	
Q0041	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 1 service furnished by a contractor in its quality assessment and performance improvement (QAPI) program.  Findings:  1. On 12-27-11 at 10:00 am, employee #A1 was requested to provide documentation of inclusion of 2	O0041	<b>Plan of Correction:</b> When services are provided through a contracted outside resource, the ASC will assure that these services are provided in a safe and effective manner. <b>Systemic Changes:</b> St. Vincent Hospital Indianapolis laboratory operated by Mid America Laboratory Services has been added to our list of contract service providers that is reviewed and approved by the operating board on an annual basis. See	01/27/2012

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>contracted lab services.</p> <p>2. Review of the facility's QAPI program indicated it did not include 1 of 2 contracted laboratory services.</p> <p>3. On 12-29-11 at 10:05 am, upon interview, employee #A1 indicated there was no documentation of the above service in its QAPI program and none was provided prior to exit.</p>		<p>attached form. Mid America Laboratory Services has also been added to our quarterly QAPI report on which findings are noted and reviewed by the operating board. See attached form.</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for ensuring that services contracted through an outside resource are provided in a safe and effective manner. The Center Director will maintain a current listing of all contracted services provided by outside resources, and will present such list to the operating board for review and approval on an annual basis.</p>		

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O0081	<p>(a)(1) The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.</p> <p>(a)(2) The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.</p> <p>(c)(1) The ASC must set priorities for its performance improvement activities that -                      (i) Focus on high risk, high volume, and problem-prone areas.                      (ii) Consider incidence, prevalence, and severity of problems in those areas.                      (iii) Affect health outcomes, patient safety, and quality of care.</p> <p>Based on document review and interview, the facility failed to include 1 directly-provided service in its quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. On 12-27-11 at 10:00 am, employee #A1 was requested to provide documentation of inclusion of the nursing service.</p> <p>2. Review of the facility's QAPI program indicated it did not include the</p>	O0081	<p><b>Plan of Correction:</b> The ASC will maintain an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors. The ASC will set priorities for its performance improvement activities that                      (i)Focus on high risk, high volume, and problem-prone areas                      (ii)Consider incidence, prevalence, and severity of problems in those areas.                      (iii)Affect health outcomes,</p>	01/27/2012			

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	<p>directly-provided service of nursing.</p> <p>3. On 12-29-11 at 10:05 am, upon interview, employee #A1 indicated there was no documentation of the above service in its QAPI program and none was provided prior to exit.</p>		<p>patient safety, and quality of care. The ASC's QAPI program will include an ongoing measurement and review of its nursing care as noted on patient satisfaction surveys. <b>Systemic Changes:</b> Patient satisfaction of nursing care received at the ASC will be monitored on an on-going basis with data collected from patient satisfaction surveys. See attached Patient Satisfaction Survey Results. The QAPI committee meeting minute template form has been amended to include a nursing service care satisfaction rating indicator. See attached form. The selected data will be analyzed, and reviewed at the monthly staff meetings, and at quarterly QAPI committee meetings<b>ADDENDUM:</b> Additionally, the nurse's annual employment review, annual nursing competency, and the individual skills competencies including but not limited to the blood glucose, urine pregnancy test, and the H-pilori test will be used to evaluate nursing care.</p> <p><b>Responsibility and Monitoring:</b> The Center Director will be responsible for maintaining an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health</p>		

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Q0101	<p>The ASC must provide a functional and sanitary environment for the provision of surgical services.</p> <p>Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.</p> <p>Based on document review, the facility failed to follow the manufacturer's annual preventive maintenance (PM) for 1 back-up generator.</p> <p>Findings:</p> <p>1. Review of the facility's back-up generator manual indicated the following PM activities should be done once annually:</p> <p>Clean, inspect engine-generator Drain, flush, refill engine cooling system Retorque engine cylinder head Retorque engine intake and exhaust manifolds</p>	O0101	<p>outcomes and by the identification and reduction of medical errors. Data regarding nursing care satisfaction will be collected from patient satisfaction surveys. The data will be analyzed and reviewed at the monthly staff meeting, and at quarterly QAPI committee meetings, and will be reported at the quarterly operating board meetings.</p> <p><b>Plan of Correction:</b> The ASC will provide a functional and sanitary environment for the provision of surgical services. Preventative maintenance services will be performed annually for the back-up generator as recommended by the manufacturer. <b>Systemic Changes:</b> Christman Medical Services will complete all annual preventative maintenance currently due on the center's Generac back-up generator by 1/31/12 as indicated on the attached work order. Christman Medical Services will continue to provide annual preventative maintenance service on the center's back-up generator and documentation of those services will be maintained at the</p>	01/27/2012	

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O0103	<p>Check engine valve clearances Check engine compression</p> <p>2. Review of a document entitled QUARTERLY PREVENTIVE MAINTNEANCE INSPECTION, dated 6/14/2011, indicated the following items were not performed:</p> <p>Drain, flush, refill engine cooling system Retorque engine cylinder head Retorque engine intake and exhaust manifolds Check engine valve clearances Check engine compression</p> <p>3. On 12-29-11 at 10:45 am, upon interview, employee #A1 indicated there was no further documentation of PM on the back-up generator and no further documentation was provided prior to exit.</p> <p>[The ASC must provide a functional and sanitary environment for the provision of surgical services.] The ASC must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities. Based on document review and interview, the facility failed to have a policy/procedure on what diseases are reportable to the Indiana State Department of Health.</p>	O0103	<p>center. Additional preventative maintenance requirement details as recommended by the manufacturer have been added to the center's generator log file and to the Environment of Care Checklist. Each PM will be maintained in the appropriate file. See attached forms.</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for ensuring the ASC maintains a functional and sanitary environment for the provision of surgical services. The Center Director or designee is responsible for monitoring the quarterly and annual preventative maintenance performed on the back-up generator. PMs will be properly documented and those logs maintained at the center. PMs will be reported and reviewed at the quarterly QAPI committee meetings and at the quarterly operating board meetings.</p> <p><b>Plan of Correction:</b> The ASC will maintain a current listing of diseases reportable to the Indiana State Department of Health in their "Communicable/Infectious Disease Policy" in the center's policy</p>	01/10/2012	

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O0201	<p>Findings include;</p> <p>1. Review of the facility's policy/procedure manual lacked documentation of a policy/procedure on what diseases are reportable to the Indiana State Department of Health.</p> <p>2. On 12-29-11 at 0955 hours, staff #40 confirmed that the facility did not have a policy/procedure to comply with the State notifiable disease reporting requirements.</p> <p>If the ASC performs laboratory services, it must meet the requirements of Part 493 of this chapter. If the ASC does not provide its own laboratory services, it must have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with Part 493 of this chapter. The referral laboratory must be certified in the appropriate specialties and subspecialties of services to perform the referral test in accordance with the requirements of Part 493 of this chapter.</p>		<p>and procedure manual.</p> <p><b>Systemic Changes:</b> A current list of diseases reportable to the Indiana State Department of Health has been added to the "Communicable/Infectious Disease Policy" in the center's policy and procedure manual. See attached policy. A printed copy of that listing has been appropriately posted at the nurse's station and in the staff lounge to provide easy access for all staff members. Staff education regarding the reportable disease listing was provided to center staff on 1/11/12.</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for reviewing and maintaining a current listing of diseases reportable to the Indiana State Department of Health. That list will be reviewed by the QAPI committee, and presented to the operating board for approval when changes are noted.</p>	

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	<p>Based on document review and interview, the facility failed to have a policy and procedure for performing urine pregnancy tests.</p> <p>Findings:</p> <p>1. On 12-27-11 at 9:30 am, employee #A1 was requested to provide documentation of a policy and procedure indicating employees performed urine pregnancy tests according to manufacturer requirements/recommendations and/or standards of practice.</p> <p>2. On 12-29-11 at 10:30 am, upon interview, employee #A2 indicated there was no documentation of a policy and procedure indicating employees performed urine pregnancy tests according to manufacturer requirements/recommendations and/or standards of practice. No other documentation was provided prior to exit.</p>	O0201	<p><b>Plan of Correction:</b> The ASC will maintain documentation of a policy and procedure indicating employees will perform urine pregnancy tests according the manufacturer recommendations. Further, the ASC will assure appropriate skill levels through competency testing for performance of urine pregnancy tests.</p> <p><b>Systemic Changes:</b> The ASC's "Pregnancy Testing Policy" will include instructions that urine pregnancy tests will be performed according to manufacturer's guidelines. A copy of that policy is attached. All nursing staff will be given a competency evaluation during initial orientation, and then annually, to ensure manufacturer guidelines and professional standards are being followed. A copy is attached.</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for the initial and annual skill competency evaluation of staff members. Results are reported quarterly through the QAPI committee, and to the Operating Board.</p>	01/17/2012	

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O0224	<p>The ASC must comply with the following requirements:</p> <p>(i) Provide the patient or, as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable State health and safety laws, and, if requested, official State advance directive forms.</p> <p>(ii) Inform the patient or, as appropriate, the patient's representative of the patient's rights to make informed decisions regarding the patient's care.</p> <p>(iii) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.</p> <p>Based on document review and interview, the facility failed to include all the required elements regarding advanced directives in its procedure for advanced directives.</p> <p>Findings:</p> <p>1. Review of a facility procedure regarding patient rights indicated it did not include all the elements regarding advanced directives, including:</p> <ul style="list-style-type: none"> <li>- the facility would provide the patient or, as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advanced directives</li> <li>- a description of the applicable State health information on this subject</li> </ul>	O0224	<p><b>Plan of Correction:</b> The ASC will ensure that all required elements regarding advanced directives are included in its procedure for conveyance of advance directive information to the patient or patient representative.</p> <p><b>Systemic Changes:</b> As per CMS guidelines effective, 12/23/2011, the ASC will ensure that the patient or the patient's representative, or surrogate is given information regarding Advance Directives prior to the start of the patient's procedure. The written information provided to the patient has been edited to include the correct phone number to the Indiana State Department of Health. <b>ADDENDUM:</b> Inadvance of the procedure, patients are mailed a packet of information includingthe Patients' Rights and</p>	01/10/2012

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Q0226	<p>2. On 12-28-11, upon interview, employee #A2 indicated there was no further documentation of the policy and none was provided prior to exit.</p> <p>(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. Based on document review and interview, the facility failed to provide the patient or the patient's representative with verbal</p>	O0226	<p>Responsibilities brochure. This information is sent to arrive 48 hours prior to the date of the procedure. The Patients' Rights and Responsibilities are then reviewed, with the patient, on the day of the procedure.</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for ensuring that the patient or the patient's representative, or surrogate is given information regarding Advance Directive prior to the start of the patient's procedure. It is the Center Director's responsibility to ensure that printed information provided to the patient, patient's representative, or surrogate contains the correct contact numbers. These forms will be reviewed at least annually by the QAPI committee and presented to the Operating Board for approval.</p> <p><b>Plan of Correction:</b> The ASC will ensure that the Patient Rights, Responsibilities, and</p>	01/10/2012	

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	<p>and written notice of the patient's rights in advance of the date of the procedure and post as part of its patient rights, that the facility would process all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse.</p> <p>Findings:</p> <p>1. Review of a document entitled Patient Rights, Responsibilities and Notification of Physician Ownership, which was provided to the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, indicated it did not specify that the facility would process all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse.</p> <p>2. Review of a document entitled <u>Patient's Rights and Notification of Physician Ownership</u>, posted in the facility's waiting area, indicated it did not specify that the facility would process all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse.</p> <p>3. On 12-28-11 at 10:00 am, upon interview, employee #A2 indicated there was no further documentation indicating</p>		<p>Notification of Physician Ownership provided to the patient, patient's representative or surrogate, or posted in the ASC, specify that the facility will "process all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse."</p> <p><b>Systemic Changes:</b> The ASC has edited its statement of Patient Rights, Responsibilities, and Notification of Physician Ownership which is provided to the patient, patient's representative or surrogate, and also posted in the ASC, to specify that the facility will "process all alleged violation/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse."</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for ongoing review of forms provided to the patient, patient's representative, or surrogate, and those posted in the facility. Such forms will be reviewed by the QAPI committee at least annually and presented to the Operating Board for approval.</p>		

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S0000	<p>the facility would process all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, either as given to the patient or their representative or posted in the facility.</p> <p>This visit was for a State licensure survey.</p> <p>Facility Number: 008902</p> <p>Survey Date: 12-27/29-11</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/04/12</p>	S0000	.		

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S0310	<p>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 1 service furnished by a contractor and 1 directly-provided service, in its quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. On 12-27-11 at 10:00 am, employee #A1 was requested to provide documentation of inclusion of the contracted laboratory services and the directly-provided service of nursing.</p> <p>2. Review of the facility's QAPI program indicated it did not include 1 of the 2 contracted laboratory services nor the directly-provided service of nursing.</p> <p>3. On 12-29-11 at 10:05 am, upon interview, employee #A1 indicated there was no documentation of the above services in its QAPI program and none was provided prior to exit.</p>	S0310	<p><b>Plan of Correction:</b> The ASC's QAPI program shall be ongoing and have a written plan of implementation that evaluates all services, including services furnished by a contractor.</p> <p><b>Systemic Changes:</b> The Quality Assurance/Performance Improvement Plan followed by the center will include both its contracted laboratory services and its directly provided nursing service. Indicators have been included in the quarterly QAPI meeting template to trigger selected evaluations of each service. A copy is attached.</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for ensuring that services contracted through an outside resource and directly provided services, such as nursing services, are included in the center's QAPI program. The center director will review results of selected evaluations at the quarterly QAPI meetings and report findings at the quarterly Operating Board meetings.</p>	01/27/2012			

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NAME OF PROVIDER OR SUPPLIER  NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER, L			STREET ADDRESS, CITY, STATE, ZIP CODE 8424 NAAB ROAD, SUITE 3G INDIANAPOLIS, IN46260		
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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 and interview, the facility failed to include the function of discharge 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 functions of discharge.</p> <p>2. On 12-28-11 at 10:05 am, employee #A1, upon interview, indicated there was no documentation of discharge as part of its QAPI program and no documentation was provided prior to exit.</p>	S0320	<p><b>Plan of Correction:</b> The ASC will maintain an ongoing QAPI program that evaluates, but is not limited to, the following: (2) All functions, including, but not limited to, the following: (A)Discharge and transfer (B)Infection control (C)Medication errors (D)Response to patient emergencies. The ASC's QAPI program will include an ongoing evaluation of the functions of discharge. <b>Systemic Changes:</b> The functions of discharge will be evaluation per the center's patient satisfaction surveys. A copy of those Patient Satisfaction Survey results are attached. The QAPI committee meeting minute template form has been amended to include a nursing service/discharge procedure</p>	01/27/2012	

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			<p>satisfaction rating indicator. See attached form. The selected data will be analyzed, and reviewed at the monthly staff meetings, and at quarterly QAPI committee meetings. <b>ADDENDUM:</b> Functions of discharge will also be evaluated during chart review conducted every other month by an outside medical records consultant. 30 charts are reviewed each time the consultant conducts a visit.</p> <p><b>Responsibility and Monitoring:</b> The Center Director will be responsible for maintaining an ongoing QAPI program that evaluates, but is not limited to, the following: (2) All functions, including, but not limited to, the following: (A) Discharge and transfer (B) Infection control (C) Medication errors (D) Response to patient emergencies. The ASC's QAPI program will include an ongoing evaluation of the functions of discharge. Data regarding the patient's discharge process will be collected from patient satisfaction surveys. The data will be analyzed and reviewed at the monthly staff meeting, and at quarterly QAPI committee meetings, and will be reported at the quarterly operating board meetings.</p>	

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S0526	<p>410 IAC 15-2.5-2 (h)</p> <p>(h) All nursing and other center personnel performing laboratory testing shall have competency assessed annually with documentation of assessment maintained in the employee file for the procedures performed. Based on document review and interview, the facility failed to ensure that all nursing personnel performing laboratory testing had competency assessed annually with documentation of assessment maintained in the employee file for urine pregnancy test for 6 of 6 nursing personnel files reviewed (Staff #1, 3, 4, 5, 6 &amp; 7).</p> <p>Findings include:</p> <p>1. Review of staff #1, 3, 5, 6 and 7's personnel files lacked documentation of annual competency for urine pregnancy tests.</p> <p>3. On 12-29-11 at 0910 hours, staff #40 confirmed that nursing staff perform urine pregnancy tests.</p>	S0526	<p><b>Plan of Correction:</b> The ASC will maintain documentation of a policy and procedure indicating employees will perform urine pregnancy tests according the manufacturer recommendations. Further, the ASC will assure appropriate skill levels through competency testing for performance of urine pregnancy tests.</p> <p><b>Systemic Changes:</b> The ASC's "Pregnancy Testing Policy" will include instructions that urine pregnancy tests will be performed according to manufacturer's guidelines. A copy of that policy is attached. All nursing staff will be given a competency evaluation during initial orientation, and then annually, to ensure manufacturer guidelines and professional standards are being followed. A copy is attached.</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for the initial and annual skill competency evaluation of staff members. Results are reported quarterly through the QAPI</p>	01/17/2012	

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S1152	<p>410 IAC 15-2.5-7(b)(3)(B)</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>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plan and equipment by qualified personnel as follows:</p> <p>(B) All mechanical equipment (pneumatic, electric, sterilizing, or other) must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule.</p> <p>Based on document review, the facility failed to follow the manufacturer's annual preventive maintenance (PM) for 1 back-up generator.</p> <p>Findings:</p> <p>1. Review of the facility's back-up generator manual indicated the following PM activities should be done once annually:</p>	S1152	<p>committee, and to the Operating Board.</p> <p><b>Plan of Correction:</b> The ASC will ensure that the condition of the physical plant and the overall center environment will be developed and maintained in such a manner that the safety and well-being of patients are assured. Preventive maintenance services will be performed annually for the back-up generator as recommended by the manufacturer. <b>Systemic Changes:</b> Christman Medical Services will complete all annual preventive</p>	01/27/2012	

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	<p>Clean, inspect engine-generator Drain, flush, refill engine cooling system Retorque engine cylinder head Retorque engine intake and exhaust manifolds Check engine valve clearances Check engine compression</p> <p>2. Review of a document entitled QUARTERLY PREVENTIVE MAINTENANCE INSPECTION, dated 6/14/2011, indicated the following items were not performed:</p> <p>Drain, flush, refill engine cooling system Retorque engine cylinder head Retorque engine intake and exhaust manifolds Check engine valve clearances Check engine compression</p> <p>3. On 12-29-11 at 10:45 am, upon interview, employee #A1 indicated there was no further documentation of PM on the back-up generator and no further documentation was provided prior to exit.</p>		<p>maintenance currently due on the center's Generac back-up generator by 1/31/12 as indicated on the attached work order. Christman Medical Services will continue to provide annual preventive maintenance service on the center's back-up generator and documentation of those services will be maintained at the center. Additional preventive maintenance requirement details as recommended by the manufacturer have been added to the center's generator log file and to the Environment of Care Checklist. Each PM will be maintained in the appropriate file. See attached forms.</p> <p><b>Responsibility and Monitoring:</b> The Center Director is responsible for ensuring that the condition of the physical plant and the overall center environment will be developed and maintained in such a manner that the safety and well-being of patients are assured.. The Center Director or designee is responsible for monitoring the quarterly and annual preventative maintenance performed on the back-up generator. PMs will be properly documented and those logs maintained at the center. PMs will be reported and reviewed at the quarterly QAPI committee meetings and at the quarterly operating board meetings.</p>		