

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001088	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/31/2013
NAME OF PROVIDER OR SUPPLIER GOSHEN AMBULATORY CARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1605 WINSTED DR GOSHEN, IN 46526		
(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) COMPLETION DATE	
S000000	<p>This visit was for one ambulatory surgery center complaint investigation.</p> <p>Complaint Number: IN00126553 Substantiated with deficiency cited related to the complaint</p> <p>Facility Number: 011074</p> <p>Date: 7/31/13</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>08/02/13</p>	S000000			

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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S000900	<p>410 IAC 15-2.5-5 PATIENT CARE SERVICES 410 IAC 15-2.5-5(a)</p> <p>(a) All patient care services must meet the needs of the patient, within the scope of the service offered, in accordance with acceptable standards of practice. Patient care services must be under the direction of a qualified person or persons. Patient care services must require the following: Based on patient medical record review, and staff interview, the nursing director failed to ensure that nursing staff followed standards of care related to the discharge of a patient with a prescription for medication they listed as an allergy to (pt. #5), and related to signing off on physician orders for lab testing, EKG (electrocardiogram) and CXR (chest x-ray) prior to a procedure, when there is no indication that these were performed (pt. #5).</p> <p>Findings: 1. review of patient medical records on 7/31/13 indicated that pt. #5: a. had a surgical procedure on 12/28/12 that noted on the "Operation Room Record" form that the patient was allergic to ASA (aspirin) and Hydrocodone. Other forms in the medical record indicated allergies to ASA and Oxycodone. The patient was discharged with a prescription for Norco (a pain medication containing Hydrocodone). b. had a surgical procedure on 1/11/13 in which the patient was discharged with a prescription for Norco c. had a surgical procedure on 2/22/13 when the patient was given a Norco in the recovery room and was discharged with a prescription for Norco d. had pre surgery orders written on 3/7/13 for</p>	S000900	<p>On August, 1, 2013 a new form was drafted, "Allergy Record", which will be completed by the pre-op nurse upon admission, in conjunction with patient or patient's representative. Both pre-op nurse and patient or patient's representative will sign the form. Policy K-25, "Patient Allergies" was revised to include two additional procedures: 1)allergy record will be completed and signed by the patient or their representative and pre-op nurse, 2) if allergy/sensitivity reaction is other than anaphylaxis, physician can authorize medication administration. A memo was sent to the clinical staff on August 1, 2013advising them of the new form and policy revision. Responsible person: Director of Nursing A Quality Assurance study will continue through 4th quarter, 2013 verifying completion of allergy record form and adherence to Policy K-25. Responsible person: Director of Nursing. On August 8, 2013, the</p>	08/19/2013			

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	<p>labs: CBC (complete blood count) with a differential; Basic Metabolic Panel; an EKG; and a CXR were to be done prior to the surgery date of 3/15/13</p> <p>e. had no labs, EKG, or CXR copies in the medical record for any date after 3/7/13 (that were to be performed prior to the 3/15/13 surgery)</p> <p>f. had allergies to ASA and Oxycodone listed on all surgery days after 12/28/13, with no explanation of why Hydrocodone was no longer listed</p> <p>g. had an added allergy of "Codeine" on the 3/15/13 surgery record</p> <p>2. interview with staff member #50, the director of nursing, at 8:55 AM and 11:00 AM on 7/31/13 indicated:</p> <p>a. the facility does not require a patient to explain reasoning behind a statement of allergy to a medication, such as symptoms or previous reaction to that medication</p> <p>b. a physician has the authority to consider if the patient had a true reaction to a medication and to order a medication if it was felt there was not a true reaction</p> <p>c. there is no documentation in the medical record that indicates nursing double checked with the physician about an order for prescription of a medication listed as an allergy in the medical record</p> <p>d. there is no documentation by the physician as to why a medication was ordered that the patient listed as an allergy</p> <p>e. it is not clear why Hydrocodone was not listed as an allergy with procedures that were performed after the 12/28/12 procedure where it was listed as an allergy</p> <p>f. lab tests, an EKG and a CXR were ordered for pt. #5 at the 3/7/13 physician office appointment and are checked off on 3/15/13 by nursing, but are not in the medical record, and not found in the</p>		<p>Board of Directors approved the new form, Allergy Record, and revision to the Policy K-25. The form, Allergy Record, was sent to the printing company on August 9, 2013. Form was finalized and returned from the printer on August 16, 2013. Responsible person: Executive Assistant. The new form and revisions to Policy K-25 were implemented on August 19, 2013. Responsible person: Director of Nursing. On August 1, 2013, the pre-op order form was revised to delete column "Done" and add column that indicates date the test was completed. Also, a Quality Assurance study for pre-op testing completion as ordered will be completed in 3rd & 4th quarters of 2013. Responsible person: Director of Nursing. On August 8, 2013, the Board of Directors approved the revision to the pre-op order form and the proposed Quality Assurance studies. New form was sent to printing company on August 9, 2013 and it was finalized and returned on August 16, 2013. Responsible person: Executive Assitant. New form was implemented on August 19, 2013. Responsible person: Director of Nursing.</p>				

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	computer system g. it is unclear why nursing checked off the physician orders if these tests were not actually performed				