

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/14/2015
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NAME OF PROVIDER OR SUPPLIER GLEN LEHMAN ENDOSCOPY SUITE	STREET ADDRESS, CITY, STATE, ZIP CODE 550 N UNIVERSITY BLVE, SUITE 4100 INDIANAPOLIS, IN 46202
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S 000 Bldg. 00	This visit was for a State licensure survey. Facility Number: 012607 Survey Date: 4-13/14-2015 QA: cjl 05/06/15	S 000		
S 230 Bldg. 00	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(5) The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following: (5) Provide for a periodic review of the center and its operation by a utilization review or other committee composed of three (3) or more duly licensed physicians having no financial interest in the facility. Based on document review and interview, the facility failed to have a utilization review committee composed of three (3) or more licensed physicians having no financial interest in the facility.	S 230	The legal name of Suburban Investors LLC is Suburban Investors. Suburban Investors is owned by a group of physicians who are affiliated with Anesthesia Consultants of Indianapolis. However, not all Anesthesia Consultants of Indianapolis	04/17/2015

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>Findings:</p> <ol style="list-style-type: none"> 1. Review of a document entitled Disclosure of Ownership, indicated in the interest of full disclosure to our patients, we provide the list of BSC, BSC SM, GLES {Glen Lehman Endoscopy Suite}, and IHTSC owners below. Further review of the document indicated one of the owners listed was Suburban Investors, LLC d/b/a Anesthesia Consultants of Indianapolis. 2. Review of a document entitled Description of Ownership - Suburban Investors, LLC, indicated Anesthesia Consultants of Indianapolis, LLC is the legal entity that owns GLES. However, Anesthesia Consultants of Indianapolis, LLC has assigned the economic rights related to GLES to Suburban Investors, LLC. Further review of the document indicated a list of owners of Suburban Investors, LLC, including MD#7, anesthesiologist, MD#8, anesthesiologist, and MD#9, anesthesiologist. 3. Review of a document entitled ACTIVITIES [Utilization Review Committee], indicated MD#8, MD#9, and MD#7 reviewed 82 random medical records from the 3rd quarter 2014 for appropriateness of care. 		<p>physicians are owners in Suburban Investors. The ownership listing for the Glen Lehman Endoscopy Suite has been updated to reflect the current dba for Suburban Investors, LLC (see attachment 1).The clinical manager will ensure that the Utilization review committee consists of members who are eligible to participate per section 410. IAC 15.24-1(E)(5). The manager has confirmed with Anesthesia Consultants of Indianapolis that no physician performing Utilization review at the Glen Lehman Endoscopy Suite will have a direct or indirect financial interest in the center.</p>	

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S 400 Bldg. 00	<p>4. Since the facility was partially owned by Suburban Investors, LLC d/b/a Anesthesia Consultants of Indianapolis, and at least MD#7, MD#8, and MD#9 were owners of Suburban Investors, LLC, then MD#7, MD#8, and MD#9 had a financial interest in the facility, GLES.</p> <p>5. In interview, on 4-14-2015 at 2:30 pm, employees #A2, Clinical Operations manager and #A3, Director, confirmed the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(a)</p> <p>(a) The center shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p> <p>Based on observation, the facility failed to provide a safe and healthful environment that minimizes infection exposure and risk to health care workers in 1 instance.</p> <p>Findings:</p> <p>1. On 4-14-2015 at 12:10 pm in the presence of employee #A2, Clinical</p>	S 400	The clinical manager will ensure the top of the lockers in the men's locker room will be free of dust to provide a safe and healthful environment. The clinical manager met with the manager of housekeeping on 4/15/2015 and reviewed expectations. This has been added to our monthly cleaning observation checklist that is used when rounding with housekeeping.	04/15/2015

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S 414 Bldg. 00	<p>Operations Manager, it was observed in the men's locker room, there was a considerable amount of dust (clumps) on the top of the lockers. This posed an infection exposure and risk.</p> <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 policy review, facility administrative documentation and interview, the facility failed to establish an Infection Control Committee.</p>	S 414	The clinical manager will ensure that the infection control committee meet quarterly going forward. Previously all infection control activities were reviewed	04/17/2015

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	<p>Findings include:</p> <ol style="list-style-type: none"> Review of policy, "Infection Prevention/Control Program" approved on 7/16/14 by the Board of Managers indicated: <ul style="list-style-type: none"> III. RESPONSIBILITY <ul style="list-style-type: none"> E. The IPCC (Infection Prevention/Control Coordinator) will meet monthly with the GLEs (Glen Lehman Endoscopy Suite) infection prevention council to provide insight and direction for the Infection Prevention/Control Program. Review of facility administrative documentation failed to provide evidence of any infection control meetings for the previous 12 months. At 1500 hours on 4/13/15, staff # 2, Clinical Operations Manager and 5, Infection Control Coordinator, verified that the facility has not had an infection control committee meeting in the previous 12 months. 		<p>during monthly staff meetings by the infection control coordinator. The next meeting is scheduled for July 13, 2015 and will include the infection control coordinator, clinical manager, clinical director, and a member of the medical staff. This committee will be scheduled to meet quarterly.</p>	

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S 700 Bldg. 00	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL</p> <p>410 IAC 15-2.5-4(a)</p> <p>(a) The medical staff of the center is accountable to the governing body of the center. The medical staff must be organized and operate under bylaws approved by the governing body. The medical staff is responsible to the governing board for the quality of medical care and surgical services provided to patients. The medical staff must be composed of one (1) physician, dentist, or podiatrist. The medical staff shall do the following: Based on document review and interview, the medical staff failed to follow their bylaws, approved by the governing body, not having had a quorum present at 3 medical staff meetings.</p> <p>Findings:</p> <p>1. Review of the Medical Staff Bylaws, approved 7-16-2014 by the Governing Board, did not indicate the definition of a quorum needing to be present in order for official business to take place.</p> <p>2. Review of Robert's Rules of Order newly Revised, an authoritative source containing rules of order intended to be adopted as a parliamentary authority for</p>	S 700	The clinical director is responsible to ensure that the Medical staff of the center operates in compliance with ISDH rule 410 IAC 15-2.5-4 (a). Corrective action: The medical staff bylaws for the Glen Lehman Endoscopy Suite shall be amended to state that "A quorum of the medical staff shall be met if the Medical Director and a minimum of three (3) members of the medical staff are in attendance." The clinical manager shall ensure that all Medical staff meetings are held with the specified requirements for a quorum. (see attachment 2)	04/17/2015

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	<p>use by a deliberative assembly, indicated if the bylaws do not specify what the quorum shall be, it is the majority of the members of the association.</p> <p>3. Review of a document that indicated a list of all the medical staff members, indicated there were 125 medical staff members. Therefore, since the medial staff bylaws did not indicate the definition of a quorum needing to be present in order for official business to take place, the minimum number had to be 63 members present.</p> <p>4. Review of Medical Staff Meeting Minutes indicated the following:</p> <p>March 18, 2014 - Medical Staff Present MD#10, MD#8, MD#11, MD#12, MD#13</p> <p>June 17, 2014 - Medical Staff Present MD#13, MD#8, MD#11, MD#12</p> <p>September 16, 2014 - Medical Staff Present MD#10, MD#8, MD#11, MD#14, MD#12, MD#13</p> <p>5. Therefore, each meeting did not have a quorum of at least 63 members present.</p> <p>6. In interview on 4-14-2014 at 2:30 pm,</p>			

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	employees #A2, Clinical Operations Manager, and #A3, Director, confirmed the above and no other documentation was provided prior to exit.				