

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/27/2012
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NAME OF PROVIDER OR SUPPLIER COLUMBUS SPECIALTY SURGERY CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 NORTH PARK DRIVE COLUMBUS, IN 47203
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S0000	<p>This visit was for an initial State licensure survey.</p> <p>Facility #: 012820</p> <p>Survey Dates: 8-27-12</p> <p>Surveyors:</p> <p>Billie Jo Fritch, RN, BSN, MBA Public Health Nurse Surveyor</p> <p>Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: clauglin 08/28/12</p>	S0000		

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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S0153	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(c) (5) (C)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(C) Orientation of all new employees, including contract and agency personnel, to applicable center and personnel policies.</p> <p>Based on document review and staff interview, the facility failed to provide orientation to new employees for 2 of 2 new employees hired.</p> <p>Findings include:</p> <p>1. Review of staff member #N1 personnel file indicated the following: (A) He/she was hired 8/23/12. (B) The file lacked evidence of new employee orientation.</p> <p>2. Review of staff member #N2 personnel file indicated the following: (A) He/she was hired 8/20/12. (B) The file lacked evidence of new employee orientation.</p> <p>3. Staff member #A1 indicated in interview beginning at 2:45 p.m. on 8/27/12: (A) Staff member #N1 is working as a</p>	S0153	<p>1. Correction: As noted in deficiency S0153, Staff member #N1 and #N2 have completed the orientation and training in accordance with the outlined protocol of Columbus Specialty Surgery Center policies. Documentation, including their orientation checklist was signed and placed in their personnel file. 2. Prevention of Future deficiency: All new employees will be oriented in accordance with the Columbus Specialty Surgery Center's policies and procedures, and have their orientation checklist signed and placed in their personnel file. 3. Responsible Party: Orientation of staff members will be assigned to OR Charge Nurse; OR Staff, Pre/Post Op Nurse Coordinator; Pre/Post Op Staff, Business Office Manager; Business Office Staff. The business office manager will make sure all proper documentation is in their personnel files. The</p>	08/30/2012			

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	float RN between pre and post op today (8/27/12) and his/her orientation paperwork is not complete. (B) Staff member #N2 is working as a surgery tech in operating room #2 today and his/her personnel file contained an application only.		Administrator will verify all orientation has been comopleted and documentatio is placed in the personnel files.		

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S0172	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (L)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(L) Maintaining personnel records for each employee of the center which include personal data, education and experience, evidence of participation in job related educational activities, and records of employees which relate to post offer and subsequent physical examinations, immunizations, and tuberculin tests or chest x-rays, as applicable.</p> <p>Based on document review and staff interview, the facility failed to maintain complete personnel files for 1 of 2 new employees hired.</p> <p>Findings include:</p> <p>1. Review of staff member #N2 personnel file indicated the following: (A) He/she was hired 8/20/12. (B) The personnel file contained an application only.</p> <p>2. Staff member #A1 verified in interview at 1:45 p.m. that staff member #N2 was working today (8/27/12) as a surgery tech in operating room #2 and the personnel file contained only an application.</p>	S0172	<p>1. Correction: Staff member #N2 completed forms for their personnel file according to the CSSC policies and procedures for employee hire and orientation. Their personnel file is now complete. 2. Prevention of Future deficiency: All new employee personnel files will be completed according to the CSSC policies and procedures for new employee hire and orientation. 3. Responsible Party: The business office manager will assure a completed personnel file on all staff. The Administrator will verify documentation outlined in the CSSC policies is available in the personnel files.</p>	08/29/2012			

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S0400	<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 and staff interview, the facility failed to store cleaning items and supply items in a sanitary environment for 1 of 2 cleaning carts observed and 1 stock supply of toilet tissue.</p> <p>Findings include:</p> <p>1. The following was observed in the female restroom within the locker room at 1:15 p.m. on 8/27/12: (A) A housekeeping cleaning cart stocked with supplies including, but not limited to, cleaning agents, trash bags, and paper toweling was observed next to the commode. (B) One (1) case and 1 large package of toilet tissue was stored in the floor and over the drain of the shower.</p> <p>2. Staff member #N3 indicated in interview at 2:10 p.m. that the cart observed is used by the contracted housekeeping company.</p>	S0400	<p>1. Correction: The housekeeping cleaning cart was relocated away from the commode in area that will not cross contaminate or expose patients, visitors, or employees. The toilet tissue was relocated to the storage supply room. 2. Prevention of Future Deficiencies: As outlined in the CSSC Infection Control Program; all clean items are to be stored in designated clean storage areas. The safety officer and Administrator will educate the janitorial service personnel and will do regular rounds to monitor for compliance. 3. Responsible Party: Administrator and staff to follow CSSC Infection Control Program, to maintain a safe and healthful environment.</p>	08/28/2012			

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S0932	<p>410 IAC 15-2.5-5 PATIENT CARE SERVICES 410 IAC 15-2.5-5(b)(6)</p> <p>(b) Written patient care policies and procedures shall be available to personnel and shall include, but not be limited to, the following:</p> <p>(6) A provision that a registered nurse assigns the care of each patient to patient care personnel in accordance with the patient's need and the specialized qualifications and competence of the patient care personnel available.</p> <p>Based on document review and staff interview, the facility failed to ensure patient care was assigned to staff with documented competencies for 2 of 2 new employees hired.</p> <p>Findings include:</p> <p>1. Facility policy titled "SKILLS CHECKLIST" developed on approved on 8/6/12 states "The skill checklist is a self-evaluation tool used to assess employees' skills upon hire..... A skills checklist will be initiated upon employment with the surgery center and updated yearly by all staff and placed in the employees' file."</p> <p>2. Review of staff members #N1 and N2 personnel files lacked documentation of a skills checklist or competencies.</p>	S0932	<p>1. Correction: A completed skill/competency checklist was placed in staff members #N1 and #N2 personnel file on 8/30/2012. #N1 was filled out by the pre/post of coordinator. #N2 was filled out by the Charge Nurse. 2. Prevention of Future deficiency: All new employees will have their skill/competency checklist completed and placed in their personnel file. The information will be retained in the personnel files and re-evaluated on an ongoing basis for expirations and for continued competencies. 3. Responsible Party: The Or Charge Nurse will be responsible for all OR staff members. The pre/post op nurse coordinator will be responsible for all Pre/Post op staff members. The business office manager is responsible for completing personnel files including assurance of completed</p>	08/30/2012			

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	<p>3. Staff member #A1 indicated the following in interview beginning at 2:45 p.m. on 8/27/12:</p> <p>(A) Staff member #N1 is working today (8/27/12) as a float RN between the pre and post operative area.</p> <p>(B) Staff member N2 is working today (8/27/12) as a surgery tech in operating room #2.</p> <p>(C) He/she verified their files lacked evidence of a skills checklist/competencies.</p>		<p>checklist. The Administrator will verify completed personnel files on all staff.</p>				