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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15C0001055 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>03/04/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CENTRAL INDIANA SURGERY CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>9002 N MERIDIAN LOWER LEVEL<br>INDIANAPOLIS, IN 46260 |
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| Q 000<br><br>Bldg. 00 | <p>This visit was for a re-certification survey.</p> <p>Facility Number: 008655</p> <p>Survey Date: 3-2/4-15</p> <p>Surveyors:<br/>Jack I. Cohen, MHA<br/>Medical Surveyor</p> <p>Marcia Anness, RN<br/>Public Health Nurse Surveyor</p> <p>QA: cloughlin 03/19/15</p>  | Q 000         |  |                      |
| Q 041<br><br>Bldg. 00 | <p>416.41(a)<br/>CONTRACT SERVICES</p> <p>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 have a complete list, including the scope and nature, of all contracted services in 2 instances.</p> <p>Findings:</p> | O 041         | Contract table of content was updated to reflect the current housekeeping contract and reference lab. CISC had an agreement with Mid-America which covered Mid-America as well as Ameripath. Ameripath split in 1997 and we were not aware of the change. The attached email | 03/10/2015           |

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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| Q 162<br><br>Bldg. 00 | <p>1. Review of a facility document entitled Contracts, updated 2/2013, indicated it did not have two (2) current facility contracted services. These services were housekeeping and clinical reference laboratory.</p> <p>2. In interview, on 3-4-15 at 10:00 am, employee #A1, Director of Nursing, confirmed the above and no other documentation was provided prior to exit.</p> <p>416.47(b)<br/>FORM AND CONTENT OF RECORD<br/>The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:</p> <ul style="list-style-type: none"> <li>(1) Patient identification.</li> <li>(2) Significant medical history and results of physical examination.</li> <li>(3) Pre-operative diagnostic studies (entered before surgery), if performed.</li> <li>(4) Findings and techniques of the operation, including a pathologist's report on all _____ tissues removed during surgery, except those exempted by the governing _____ body.</li> <li>(5) Any allergies and abnormal drug reactions.</li> <li>(6) Entries related to anesthesia administration.</li> <li>(7) Documentation of properly executed</li> </ul> |               | confirms a new agreement with Ameripath is being prepared. Also attached is the updated Table of contents and the housekeeping agreement. The Director of Nursing will be responsible for maintaining the contracts and updating the Table of Contents when a contract is added or deleted and will be completed as soon as the event occurs. The Ameripath Agreement arrived today and is out for our Medical Director's signature today 3/25/15 |                      |

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|                    | <p>informed patient consent.</p> <p>(8) Discharge diagnosis.</p> <p>Based on policy and procedure review, medical record review and interview, the facility failed to ensure the accuracy, per policy, of medical records (MR) for 29 (MR # 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28, 29 and 30) of 30 records reviewed.</p> <p>Findings:</p> <p>1. Review of policy and procedure, "Monitoring of Vital Signs" approved 11/26/12 indicated under "Procedure" #3, "Blood pressure, heart rate and oxygen saturation are taken in the operating room every 5 minutes and recorded by the anesthesia provider on the anesthesia record."</p> <p>2. Review of policy and procedure, "Monitoring of Vital Signs" approved 2/2015 indicated under "Purpose: Vital signs, including blood pressure, respirations, temperature and pulse, are measurements of the body's most basic function". Under "Procedure" #3, it stated "Vital signs are taken in the operating room every 5 minutes and recorded by the anesthesia provider on the anesthesia record."</p> | O 162         | <p>After reviewing the Vital Signs Policy with the CRNA (Anesthesia Providers), the policy was revised and approved by the Governing Body to Record O2 Saturation, Respiration every 15 minutes while in the Operating Room. End Tidal CO2 will be recorded every 15 minutes in the OR when moderate to deep sedation is utilized. Blood Pressure and Heart Rate will be recorded every 5 minutes in the OR.</p> <p>Temperature will be monitored and recorded in the OR when body temperature changes are suspected or anticipated. CRNA's are following the policy. The Director of Nursing is responsible for monitoring the compliance of this practice and will accomplish this through chart audits beginning 3/23/15. See attached policy Vital Sign Monitoring.</p> | 03/10/2015           |

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| Q 184<br>Bldg. 00  | <p>3. Review of medical records # 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28 and 29 did not show evidence that oxygen saturations were taken in the operating room every 5 minutes.</p> <p>4. Review of medical records #13, 17 and 30 did not show evidence that temperature and respirations were taken in the operating room every 5 minutes.</p> <p>5. At 9:40 AM on 3/4/15, staff member #1 (DON) verified that the anesthesia record on the above MRs did not include vital signs as required by policy and procedure.</p> <p>416.48(a)(3)<br/>VERBAL ORDERS<br/>Orders given orally for drugs and biologicals must be followed by a written order signed by the prescribing physician.<br/>Based on document review and interview, the facility failed to have a verbal order policy indicating the time</p> | O 184         | The Verbal Order Policy was revised and approved by the Governing Body to include the word "timed". The Director of | 03/10/2015           |

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| S 000<br><br>Bldg. 00 | <p>the prescribing physician confirmed a verbal order.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of facility POLICY: 4.06, entitled Verbal Orders, approved 9-9-13, indicated verbal orders will be counter signed by the physician on Day of Surgery. If the Verbal Order has been received and the physician is not immediately available, the Verbal Order will be countersigned within 24 hours and the physician will date the counter signature.</li> <li>2. In interview, on 3-4-15 at 9:30 am, employee #A1, Director of Nursing, confirmed the policy did not indicate the time the prescribing physician confirmed a verbal order. No other documentation was provided prior to exit.</li> </ol> <p>This visit was for a State licensure survey.</p> <p>Facility Number: 008655</p> <p>Survey Date: 3-2/4-15</p> | S 000         | Nursing will review verbal orders for compliance of timed signatures during Utilization Review Chart Audits. See Attached Verbal Order Policy. |                      |

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| S 226<br>Bldg. 00  | <p>Surveyors:<br/>Jack I. Cohen, MHA<br/>Medical Surveyor</p> <p>Marcia Anness, RN<br/>Public Health Nurse Surveyor</p> <p>QA: cloughlin 03/19/15</p> <p>410 IAC 15-2.4-1<br/>GOVERNING BODY; POWERS AND DUTIES<br/>410 IAC 15-2.4-1(e)(3)</p> <p>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:</p> <p>(3) Ensure that the center maintains a list of all contracted services, including the scope and nature of the services provided.</p> <p>Based on document review and interview, the facility failed to have a complete list, including the scope and nature, of all contracted services in 2 instances.</p> <p>Findings:</p> <p>1. Review of a facility document entitled</p> | S 226         | Contract table of content was updated to reflect the current housekeeping contract and reference lab. CISC had an agreement with Mid-America which covered Mid-America as well as Ameripath. Ameripath split in 1997 and we were not aware of the change. The attached email confirms a new agreement with Ameripath is being prepared. Also attached is the updated Table of | 03/25/2015           |

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| S 614<br>Bldg. 00  | <p>Contracts, updated 2/2013, indicated it did not have two (2) current facility contracted services. These services were housekeeping and clinical reference laboratory.</p> <p>2. In interview, on 3-4-15 at 10:00 am, employee #A1, Director of Nursing, confirmed the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-3<br/>MEDICAL RECORDS, STORAGE, AND ADMIN.<br/>410 IAC 15-2.5-3(c)(2)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(2) A unit record system of filing should be utilized. When this is not practicable, a system must be established by the center to retrieve, when necessary, all divergently located record components.</p> <p>Based on documentation review and interview, the facility failed to have an accurate policy describing the facility's medical record filing system to file and retrieve all divergently located records.</p> <p>Findings:</p> | S 614         | <p>contents and the housekeeping agreement. The Director of Nursing will be responsible for maintaining the contracts and updating the Table of Contents when a contract is added or deleted and will be completed as soon as the event occurs. The Ameripath Agreement arrived today and is out for our Medical Director's signature today 3/25/15</p> <p>The Unit Record Set Policy was revised and Approved by the Governing Body to include record retrieval and the procedure to include current year, previous year and all prior years storage locations and how to retrieve these records. The Director of Nursing is responsible for</p> | 03/10/2015           |

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| S 826<br>Bldg. 00  | <p>1. Review of facility Policy No. 4.01, approved 9-9-13, medical records Retention and Storage, indicated all original records are maintained for one year at the Center and thereafter, the records are stored as a secured facility.</p> <p>2. In interview, on 3-3-15 at 3:30 pm, employee #A1, Director of Nursing, indicated medical records were stored in the Center and two (2) offsites. The employee indicated the records were stored in these 3 divergent places, depending on the most recent year a procedure had been performed at the facility.</p> <p>3. In interview at the above date and time, employee #A1 was requested to provide documentation as to how it was determined and where all the medical records were stored. The employee indicated there was no such documentation and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-4<br/>MEDICAL STAFF; ANESTHESIA AND SURGICAL<br/>410 IAC 15-2.5-4(c)(1)(E)</p> <p>The medical staff shall write and</p> |               | overseeing Medical Record storage in proper locations and will ensure that the Medical Records are transferred in a timely fashion after the end of the year. All medical records are in the appropriate locations at this time. See Attached Unit Record Policy #7 for updated information. |                      |

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|                    | <p>implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:</p> <p>(E) Safety training required of personnel.<br/>Based on document review and interview, the facility failed to follow facility policy by not providing documentation of safety training for 3 of 3 allied health care credential files reviewed.</p> <p>Findings:</p> <p>1. Review of facility Policy no. 3.06, approved February 2013, entitled Continuing Education and In-Service training, indicated healthcare workers at the Center are expected to pursue ... training. Further review of the policy indicated In-Service Training will address all important aspects of the Center ... and will annually include as a minimum:</p> <p>Sharps safety<br/>Hazardous material<br/>Appropriate use of personal protective equipment<br/>Prevention of slips, trips, and falls<br/>General safety<br/>Laser Safety<br/>Safe storage and changing of oxygen and</p> | S 826         | The Continuing Education and In-service Policy was revised, and approved by the Governing Body 3/10/15 to include Infection Prevention, OSHA and OR Safety for all Allied Health and Physicians annually. The Nurse Educator will be responsible for all Allied Health and Physician Training. This training will be completed no later than 4/15/15. This training will be added to the education event calendar to ensure annual completion. See Attached Updated Training Policy. | 04/15/2015           |

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| S 832<br>Bldg. 00  | <p>nitrogen tanks</p> <p>2. Review of 3 allied health care credential files and the facility's education manual, indicated files AH#1, a certified surgical technician, AH#2, a certified registered nurse anesthetist (CRNA), and AH#3, a CRNA, did not have documentation of safety training according to facility policy.</p> <p>3. In interview, on 11-25-14 at 10:10 am, employee #A2, Infection Preventionist/Nurse Educator, confirmed the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-4<br/>MEDICAL STAFF; ANESTHESIA AND SURGICAL<br/>410 IAC 15-2.5-4(c)(1)(F)(ii)</p> <p>The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:</p> <p>(F) The delineation of preanesthesia, intra-operative, and postanesthesia as follows:</p> <p>(ii) The completion by the practitioner administering anesthesia of intra-operative anesthesia monitoring and notations, to include</p> |               |   |                      |

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|                    | <p>vital signs, on each patient in accordance with the center policy.</p> <p>Based on policy and procedure review, medical record review and interview, the facility failed to ensure the accuracy, per policy, of medical records (MR) for 29 (MR # 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28, 29 and 30) of 30 records reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of policy and procedure, "Monitoring of Vital Signs" approved 11/26/12 indicated under "Procedure" #3, "Blood pressure, heart rate and oxygen saturation are taken in the operating room every 5 minutes and recorded by the anesthesia provider on the anesthesia record."</li> <li>2. Review of policy and procedure, "Monitoring of Vital Signs" approved 2/2015 indicated under "Purpose: Vital signs, including blood pressure, respirations, temperature and pulse, are measurements of the body's most basic function". Under "Procedure" #3, it stated "Vital signs are taken in the operating room every 5 minutes and recorded by the anesthesia provider on the anesthesia record."</li> </ol> | S 832         | <p>After reviewing the Vital Signs Policy with the CRNA (Anesthesia Providers), the policy was revised and approved by the Governing Body to Record O2 Saturation, Respiration every 15 minutes while in the Operating Room. End Tidal CO2 will be recorded every 15 minutes in the OR when moderate to deep sedation is utilized. Blood Pressure and Heart Rate will be recorded every 5 minutes in the OR. Temperature will be monitored and recorded in the OR when body temperature changes are suspected or anticipated. CRNA's are following the policy. The Director of Nursing is responsible for monitoring the compliance of this</p> | 03/10/2015           |

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| S 148<br>Bldg. 00  | <p>3. Review of medical records # 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28 and 29 did not show evidence that oxygen saturations were taken in the operating room every 5 minutes.</p> <p>4. Review of medical records #13, 17 and 30 did not show evidence that temperature and respirations were taken in the operating room every 5 minutes.</p> <p>5. At 9:40 AM on 3/4/15, staff member #1 (DON) verified that the anesthesia record on the above MRs did not include vital signs as required by policy and procedure.</p> <p>410 IAC 15-2.5-7<br/>PHYSICAL PLANT, EQUIPMENT MAINTENANCE,<br/>410 IAC 15-2.5-7(b)(3)(A)</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 plant and equipment by</p> |               | practice and will accomplish this through chart audits beginning 3/23/15. See attached policy Vital Sign Monitoring. |                      |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15C0001055 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>03/04/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CENTRAL INDIANA SURGERY CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>9002 N MERIDIAN LOWER LEVEL<br>INDIANAPOLIS, IN 46260 |
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| (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 |
|--------------------|---|---------------|---|----------------------|
|                    | <p>qualified personnel as follows:</p> <p>(A) Operation, maintenance, and spare parts manuals must be available, along with training or instruction, or both, of the appropriate center personnel, in the maintenance and operation of fixed and movable equipment.</p> <p>Based on document review and interview, it could not be determined the facility would perform preventive maintenance (PM) on a documented maintenance schedule of appropriate frequency, usually at least annually, and within the manufacturer's recommended maintenance schedule, for the heating, ventilation, air conditioning, emergency generator, and alarm and/or smoke detector systems.</p> <p>Findings:</p> <p>1. On 3-2-15 at 9:30 am, employee #A1, Director of Nursing, was requested to provide documentation, such as a policy, indicating the facility would perform preventive maintenance (PM) on a documented maintenance schedule of appropriate frequency, usually at least annually, and within the manufacturer's recommended maintenance schedule for the heating, ventilation, air conditioning, emergency generator, and alarm and/or smoke detector systems.</p> | S 148         | The Preventive Maintenance Policy was revised and approved by the Governing Body to include the wordage that if the facility equipment did not have manufactures recommendations, the Center would have the equipment have a Preventive Maintenance check annually. The Director of Nursing is responsible for maintaining PM frequency. All PM's are up to date and this practice has been in place since the Center opened. See attached Policy for update. | 03/10/2015           |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |  | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15C0001055 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____   |                      | X3) DATE SURVEY COMPLETED<br><br>03/04/2015 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CENTRAL INDIANA SURGERY CENTER |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>9002 N MERIDIAN LOWER LEVEL<br>INDIANAPOLIS, IN 46260                  |                      |   |
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|  | 2. In interview, on 3-4-15 at 12:15 pm, employee #A1 indicated there was no such documentation, as requested, and no other documentation was provided prior to exit. |   |   |                      |   |