

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001051	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/26/2015
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NAME OF PROVIDER OR SUPPLIER INDIANAPOLIS ENDOSCOPY CENTER LLP	STREET ADDRESS, CITY, STATE, ZIP CODE 8315 E 56TH ST STE 100 INDIANAPOLIS, IN 46216
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S 000 Bldg. 00	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 007886</p> <p>Survey Date: 3-25/26-15</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Nancy Otten, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 03/30/15</p> <p>IDR Meeting 04-16-15; Tag S164 revised. JL.</p>	S 000		
S 164 Bldg. 00	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (H)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(H) A post offer physical examination and employee health monitoring in</p>			

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>accordance with the center's infection control program.</p> <p>Based on document review, personnel file review and interview, the facility failed to ensure that all staff who work in patient care areas have policy required health and immune status for 1 of 16 personnel files reviewed.</p> <p>Findings:</p> <p>1. Review of facility policy Employee/Physician File Requirements, last updated 03/2013, indicates the following: 6. The following health information for Employees will be kept in a separate binder:</p> <ul style="list-style-type: none"> a. TB testing and/or TB Questionnaire b. Rubella,Rubeola and Varicella vaccination or immunity status c. Immunization for Hepatitis B (direct patient/instrument contact personnel) d. Statement of good health e. Results of the pre-employment physical and statement of good health will not be used to discriminate, and information if confidential. f. Each nursing employee and instrument technician, or any other employee with close contact with body fluids, will have documentation that they have an active resistance to 	S 164	<p>S 164 – IDR I request an IDR on Tag S-164 due to the fact that our housekeeping service is provided by an outside vendor, not an employee. I am disputing that the housekeeper is not an employee. This is why the housekeeper's file did not contain documentation of a post-offer physical and immune status for Rubella, Rubeola, and Varicella. These are requirements for employees only as referenced in the <i>Employee/Physician File Requirements</i> policy (Attachment A). The housekeeper's file did contain a current Tuberculin skin test (Attachment B) and a Hepatitis B declination (Attachment C). According to our <i>Bloodborne Pathogens, Exposure Control Plan</i> policy (Attachment D), Item 4 (a), "housekeeping agencies will be employed or contracted by VEI for general cleaning of the facility". This distinguishes between an employee and non-employee which negates the need for the post-offer physical examination and employee health monitoring as referenced in the tag. Our <i>Infection Prevention and Control Program</i> (Attachment E), Items 6 (e) xi and xii indicate that the Infection Control Committee will be responsible for reviewing and recommending change in policies and program such as "xi. An employee immunization status</p>	05/20/2015

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	<p>Hepatitis B, from immunization or exposure.</p> <p>It could not be determined what was required for the contracted employee health monitoring in accordance with the facility's infection control program.</p> <p>2. Review of sixteen (S1-16) personnel files (fifteen facility employees and one contracted housekeeping employee) indicated that the housekeeping employee (S16) lacked documentation of a post-offer physical and immune status for Rubella, Rubeola, Varicella and Hepatitis B.</p> <p>3. In an interview on 3/26/2015, staff member #1 (Executive Director) indicated no further documentation was available.</p>		<p>program" and "xii. An employee health program to determine communicable disease history". I respectfully request that this tag for the above stated reasons be considered for deletion from the Statement of Deficiencies dated 3/26/2015. ADDENDUM 5/1/15: S 164 1-3: The <i>Bloodborne Pathogens, Exposure Control Plan</i> (Attachment G) policy has been revised to reflect that "For contracted housekeeping providers, it will be required to have current TB testing and/or TB questionnaire as well as immunizations for Hepatitis B or Hepatitis B declination on file". The current housekeeping provider is not an employee but contracted for housekeeping services. Therefore, no post offer physical and employee health monitoring (other than above) is required as in accordance with our revised Exposure Control Plan. The contracted housekeeping provider's file is up to date with current TB questionnaire (Attachment B) dated 3/3/15 and Hepatitis B declination form (Attachment C) dated 11/22/10. This deficiency will be prevented by the permanent change of this policy and the approval of our Governing Board on 5/20/15. The Executive Director will be responsible for making sure these changes are implemented on the stated date.</p>	

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S 170 Bldg. 00	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(iv)</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>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(iv) Defibrillators must be discharged at least in accordance with manufacturers' recommendations, and a discharge log with initialed entries must be maintained.</p> <p>Based on document review and interview, the facility failed to document defibrillator checks in accordance with the manufacturer's specification for 1 of 1 defibrillator.</p> <p>Findings:</p> <p>1. Review of the Zoll defibrillator manual, indicated there was an Operator's Shift Checklist for M Series Products (Semi-Automatic) provided by the manufacturer that included various checks to be done by the facility every shift.</p>	S 170	<p>S 1170 – Plan of Correction and Prevention 1-3. The <i>Operator's Shift Checklist for Crash Cart and Defibrillator per Manufacturer's Guidelines (Semi-Automatic) M Series (Attachment F)</i> form has been amended to add the following items: · #2 – Multi-function pads in sealed pouches – 2 sets · #4 – Inspect cables for cracks, broken wires, connector: A. ECG electrode cable, connector; B. Defibrillator paddle cables (in bottom of locked cabinet); C. Multi-function cable, connector · #6 – B. MFE pads in sealed pouches – 2 sets · #7 – B.</p>	06/01/2015
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	<p>2. Review of the above-stated document against a facility document entitled Operator's Shift Checklist for Crash Cart and Defibrillator per Manufacturer's Guidelines, Feb-15, indicated the facility's checklist did not include the following recommended checks:</p> <p>2. Multi-function pads - set pre-connected/ 1 spare</p> <p>4. Inspect cables for cracks, broken wires, connector</p> <p>A. ECG electrode cable, connector</p> <p>B. Defibrillator paddle cables</p> <p>C. Multi-function cable, connector</p> <p>6. Disposable supplies</p> <p>B. MFE Pads in sealed pouches - 2 sets</p> <p>7.B Defibrillator</p> <p>Multi-function cable connected to test connector: "CHECK PADS" displays.</p> <p>Attach MFC to ECG Simulator, set to VF</p> <p>Verify "CHECK PATIENT" message is displayed</p> <p>Press ANALYZE. Verify unit charges to 200 J.</p> <p>Press SHOCK, verify shock was delivered.</p> <p>3. In interview, on 3-26-15 at 1:20 pm, employee #A1, Executive Director,</p>		<p>Defibrillator: Multi-function cable connected to test connector. "CHECK PADS" displays; attach MFC to ECG Simulator, set to VF; verify "CHECK PATIENT" message is displayed; press ANALYZE. Verify unit charges to 200 J; press SHOCK, verify shock was delivered The Zoll (manufacturer of defibrillator) representative will be here on site on 4/28/15 to provide an in-service to the staff on the change in process of checking the correct functioning of the Zoll defibrillator and completing the updated checklist form. The new process will also be re-iterated at the upcoming Staff Meeting on 5/14/15. The new form will be presented to the Governing Board for approval on 5/20/15. The new checklist will be implemented on 6/1/15. This deficiency will be prevented by the permanent change of this document, staff education, and approval by our Governing Board. The Executive Director will be responsible for monitoring that stated changes are implemented by the stated date.</p>	

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	confirmed the above and no further documentation was provided prior to exit.				