

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001078	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2013
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NAME OF PROVIDER OR SUPPLIER EYECARE CONSULTANTS SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 NW FIRST ST STE 104 EVANSVILLE, IN 47708
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Q000000	<p>This visit was for a re-certification survey.</p> <p>Facility Number: 009564</p> <p>Survey Date: 11/18/2013 through 11/20/2013</p> <p>Surveyors: Saundra Nolfi, RN Public Health Nurse Surveyor</p> <p>Albert Daeger Medical Surveyor</p> <p>QA: claughlin 12/04/13</p>	O000000		
Q000101	<p>416.44(a)(1) PHYSICAL ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.</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>Based on documentation review and observation, the facility failed to assure all fire alarm pull stations were unobstructed.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Life Safety Management Plan (last approved 8/21/2012) indicated that facility staff are to maintain all fire protection equipment from being obstructed. At 11:00 AM on 11/20/2013, the back door of the surgery center was located in a small room. Next to the door was a red fire alarm pull station. Sitting under the pull station was a large gray cart containing coat hangers. The gray cart was obstructing the pull station. 	0000101	<p>Q101 PHYSICAL ENVIRONMENT PLAN OF CORRECTION: The Center shall maintain the fire pull stations remain unobstructed to maintain a fire safe environment. SYSTEMIC CHANGES: Stored items will be removed from the in front of the fire pull station eliminating the fire hazard and providing 3' of clear space in front of each fire pull station. RESPONSIBLE PARTY & MONITORING: The Center Director or designee will be responsible for ensuring that the fire pull stations remain free from stored items. This will be documented on the Environment of Care checklist on a monthly basis. The Center Director will report the results to the QAPI Committee quarterly for review and recommendation. Recommendations will be submitted to the Governing Body for review and approval.</p>	11/20/2013	

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Q000104	<p>416.44(b) SAFETY FROM FIRE</p> <p>(1) Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Health Care Centers of the 2000 edition of the Life Safety Code of the National Fire Protection Association, regardless of the number of patients served. The Director of the Office of the Federal Register has approved the NFPA 101® 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD and at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to http://www.archives.gov/federalregister/code_of_federal-regulations/ibr_locations.html. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.</p> <p>(2) In consideration of a recommendation by the State survey agency, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients.</p> <p>(3) The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law</p>						

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	<p>adequately protects patients in an ASC.</p> <p>(4) An ASC must be in compliance with Chapter 21.2.9.1, Emergency Lighting, beginning on March 13, 2006.</p> <p>(5) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, an ASC may place alcohol-based hand rub dispensers in its facility if:</p> <p>(i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;</p> <p>(ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;</p> <p>(iii) The dispensers are installed in a manner that adequately protects against inappropriate access; and</p> <p>(iv) The dispensers are installed in accordance with the following provisions:</p> <p>(A) Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1.8m);</p> <p>(B) The maximum individual dispenser fluid capacity shall be:</p> <p>(1) 0.3 gallons (1.2 liters) for dispensers in rooms, corridors, and areas open to corridors</p> <p>(2) 0.5 gallons (2.0 liters) for dispensers in suites of rooms</p> <p>(C) The dispensers shall have a minimum horizontal spacing of 4 feet (1.2m) from each other;</p> <p>(D) Not more than an aggregate of 10 gallons (37.8 liters) of ABHR solution shall be in use in a single smoke compartment outside of a storage cabinet;</p> <p>(E) Storage of quantities greater than 5 gallons (18.9 liters) in a single smoke</p>			

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	<p>compartment shall meet the requirements of NFPA 30, Flammable and Combustible Liquids Code;</p> <p>(F) The dispensers shall not be installed over or directly adjacent to an ignition source;</p> <p>(G) In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces shall be permitted only in sprinklered smoke compartments; and</p> <p>(v) The dispensers are maintained in accordance with dispenser manufacturer guidelines.</p> <p>Based on observation, manufacturer's literature, and interview, the facility failed to maintain a safe environment, in regard to fire safety, for patients and staff in the operative suites.</p> <p>Findings included:</p> <ol style="list-style-type: none"> During the surgical case observation at 10:10 AM on 11/19/13, with staff member #A3 in attendance, a container of antiseptic handrub in a wall mounted holder was observed installed approximately 4 inches above and adjacent (within 2 inches) to the red electrical outlet in OR (Operating Room) #2. At 10:50 AM on 11/19/13, OR #1 was checked with staff member #A3 and it was observed the hand sanitizer was installed the same way in relation to the red electrical outlet. 	0000104	<p>S 104 GOVERNING BODY POWERS AND DUTIES PLAN OF CORRECTION: The Center's Governing Body will ensure that it assumes full legal responsibility for determining, implementing and monitoring policies governing the Center's total operation. The Center's Governing Body will ensure that a quorum is present at the Board meetings when a vote is taken.</p> <p>SYSTEMIC CHANGES: The Governing Body will review and approve the Medical Staff Bylaws during the next semi-annual Board Meeting.</p> <p>RESPONSIBLE PARTY AND MONITORING: The Chairman of the Governing Body will be responsible for ensuring that the Governing Body oversees and is accountable for the adoption of bylaws and function according to those bylaws.</p>	11/20/2013			

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	<p>3. The label on the antiseptic handrub indicated it contained 62.5% ethyl alcohol and a warning that the product was flammable, keep away from fire or flame.</p> <p>4. At 11:00 AM on 11/19/13, staff member #A3 indicated he/she had just checked the regulations because hand sanitizers were recently installed in other areas of the facility and confirmed the installations in the ORs were incorrect.</p>			

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Q000162	<p>416.47(b) FORM AND CONTENT OF RECORD 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"> (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (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. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed informed patient consent. (8) Discharge diagnosis. <p>Based on medical record review, policy and procedure review, and interview, the facility failed to ensure the dictated operative report/discharge summary was authenticated within 30 days in 30 of 30 medical records reviewed (#N1- N30).</p> <p>Findings included:</p> <p>1. The medical record for patient #N1 indicated an operative report/discharge summary that was dictated 09/04/13, the day of surgery, but without a date for the physician's signature to determine when</p>	O000162	416.47(b) FORM AND CONTENT OF RECORD PLAN OF CORRECTION: The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. SYSTEMIC CHANGES: All medical records shall include the dictated operative report and a discharge summary sheet of the treatment and medication rendered during the patient's stay. The Center has amended the forms to include a date line that follows the physician's signature. Compliance with authentication will be	11/20/2013	

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	<p>it was signed.</p> <p>2. The medical record for patient #N2 indicated an operative report/discharge summary that was dictated 11/06/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>3. The medical record for patient #N3 indicated an operative report/discharge summary that was dictated 09/19/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>4. The medical record for patient #N4 indicated an operative report/discharge summary that was dictated 08/29/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>5. The medical record for patient #N5 indicated an operative report/discharge summary that was dictated 09/18/13, the day after surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>6. The medical record for patient #N6 indicated an operative report/discharge summary that was dictated 10/03/13, the day of surgery, but without a date for the</p>		<p>conducted and monitored through monthly chart audits. (Attachment A)RESPONSIBLE PARTY AND MONITORING:It is the responsibility of the Center Director to ensure that the medical record for each patient is accurate, legible and promptly completed. The Center Director will review 100% of all medical records for a period of three weeks beginning on 12/16/2013 for compliance with the discharge summary documentation policies. If 100% compliance is not achieved, staff will be re-educated and the monitoring process will start over. The results of all medical record audits will be tabulated and presented to the QAPI committee on a quarterly basis or review and recommendations. Recommendations will be presented to the Governing Body quarterly for review and approval.</p>		

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	<p>physician's signature to determine when it was signed.</p> <p>7. The medical record for patient #N7 indicated an operative report/discharge summary that was dictated 09/19/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>8. The medical record for patient #N8 indicated an operative report/discharge summary that was dictated 09/17/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>9. The medical record for patient #N9 indicated an operative report/discharge summary that was dictated 09/03/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>10. The medical record for patient #N10 indicated an operative report/discharge summary that was dictated 08/08/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>11. The medical record for patient #N11 indicated an operative report/discharge summary that was dictated 10/10/13, the</p>				

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	<p>day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>12. The medical record for patient #N12 indicated an operative report/discharge summary that was dictated 09/03/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>13. The medical record for patient #N13 indicated an operative report/discharge summary that was dictated 09/05/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>14. The medical record for patient #N14 indicated an operative report/discharge summary that was dictated 08/15/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>15. The medical record for patient #N15 indicated an operative report/discharge summary that was dictated 10/03/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>16. The medical record for patient #N16 indicated an operative report/discharge</p>						

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	<p>summary that was dictated 09/10/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>17. The medical record for patient #N17 indicated an operative report/discharge summary that was dictated 09/24/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>18. The medical record for patient #N18 indicated an operative report/discharge summary that was dictated 07/30/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>19. The medical record for patient #N19 indicated an operative report/discharge summary that was dictated 08/15/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>20. The medical record for patient #N20 indicated an operative report/discharge summary that was dictated 09/05/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>21. The medical record for patient #N21</p>						

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	<p>indicated an operative report/discharge summary that was dictated 07/16/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>22. The medical record for patient #N22 indicated an operative report/discharge summary that was dictated 10/02/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>23. The medical record for patient #N23 indicated an operative report/discharge summary that was dictated 07/18/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>24. The medical record for patient #N24 indicated an operative report/discharge summary that was dictated 07/11/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>25. The medical record for patient #N25 indicated an operative report/discharge summary that was dictated 05/30/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p>			

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	26. The medical record for patient #N26 indicated an operative report/discharge summary that was dictated 06/13/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.				
	27. The medical record for patient #N27 indicated an operative report/discharge summary that was dictated 06/27/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.				
	28. The medical record for patient #N28 indicated an operative report/discharge summary that was dictated 05/21/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.				
	29. The medical record for patient #N29 indicated an operative report/discharge summary that was dictated 04/03/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.				
	30. The medical record for patient #N30 indicated an operative report/discharge summary that was dictated 04/30/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.				

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	<p>31. The facility policy "Medical Records", last reviewed 09/05/13, indicated, "All records are completed within 30 days."</p> <p>32. The facility policy "Medical Record Entries and Components", last reviewed 08/21/12, indicated, "All clinical entries shall be accurately dated and authenticated."</p> <p>33. The facility policy "Medical Record Content- Order", last reviewed 09/05/13, indicated, "Operative Note: Operative reports are dictated or computer generated immediately after the procedure. Permanent and temporary reports include: ...Physician authentication as soon as possible following surgery."</p> <p>34. At 11:00 AM on 11/20/13, staff member #A1 indicated the physicians sign the dictated reports before they leave for the day, but confirmed that could not be determined by the signatures.</p>				

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Q000220	<p>416.50 NOTICE - POSTING ... The ASC must also post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients waiting for treatment or by the patient's representative or surrogate, if applicable. Based on observation, documentation review, and staff interview, the facility failed to ensure the two sets of posted patient rights located in the surgery center's waiting room were not in conflict with each other.</p> <p>Findings included:</p> <p>1. At 12:45 PM on 11/18/2013, the surgery center lobby was observed with two framed Patient Rights posted on the walls near the receptionist. One of the two posted Patient Rights signs failed to post the Indiana State Department of Health complaint office. The other posted Patient Rights sign failed to have the correct Indiana State Department of Health phone number listed. Also the two posted signs were in</p>	Q000220	<p>416.50(a)(1) NOTICE OF RIGHTSPLAN OF CORRECTION:The ASC must post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients waiting for treatment.SYSTEMIC CHANGES:A new/updated posting in the lobby regarding patient rights and responsibilities will be consolidated and will included the Indiana State Department of Health complaint office along with the correct Indiana State Department of Health phone number. The posted sign will indicate whom to contact for grievances, notification of physician ownership and rights to receive considerate, respectful, and dignified care. (Attachment B)RESPONSIBLE PARTY AND MONITORING:The Center Director will be responsible for continual monitoring of the lobby postings to ensure that any updates to the contact information or required content are incorporated. Results of compliance monitoring will be reported to the QAPI committee and the Governing Body quarterly or more often if issues are</p>	12/18/2013	

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	<p>conflict of each other regarding whom to contact for grievances, notification of physician ownership and rights to receive considerate, respectful, and dignified care.</p> <p>2. At 1:45 PM on 11/18/2013, staff member #1 indicated the facility has two framed posted patient rights in the lobby and each sign has different verbiage. The staff member indicated he/she was working on combining the signs into one sign that gives the patients the correct verbiage for the required Patient Rights.</p>		identified.		

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Q000221	<p>416.50(a) NOTICE OF RIGHTS An ASC must, prior to the start of the surgical procedure, provide the patient, or the patient's representative, or the patient's surrogate with verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights as set forth in this section. The ASC's notice of rights must include the address and telephone number of the State agency to which patients may report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.</p> <p>Based on documentation review and staff interview, the facility failed to provide Indiana State Department of Health's correct phone number to file a grievance as part of the patients rights.</p> <p>Findings included:</p> <p>1. At 2:30 PM on 11/18/2013, staff member provided a copy of the Patient Rights document that was given to all patients prior to surgery. The document was named, Patient's Rights and Notification of Physician Ownership. The Complaints/Grievance section</p>	0000221	<p>416.50(a)(1) NOTICE OF RIGHTSPLAN OF CORRECTION:The Center will ensure compliance with 416.50 (a)(1)(i) Notice Posting:SYSTEMIC CHANGES:A new/updated posting in the lobby regarding patient rights and responsibilities that includes the Indiana State Department of Health's correct phone number to file a grievance as part of the patient's rights. (Attachment B)RESPONSIBLE PARTY AND MONITORING:The Center Director will be responsible for continual monitoring of the lobby postings to ensure that any updates to the contact information or required content are incorporated. Results of compliance monitoring will be reported to the QAPI committee and the Governing Body quarterly or more often if issues are identified.</p>	12/18/2013
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S000000	<p>identified the Indiana State Department of Health (ISDH); however, the ISDH phone number was not the correct number.</p> <p>2. At 3:00 PM on 11/18/2013, staff member #1 confirmed the ISDH phone number provided to patients as part of their Patient Rights packet was incorrect.</p> <p>This visit was for a State licensure survey.</p> <p>Facility Number: 009564</p> <p>Survey Date: 11/18/2013 through 11/20/1013</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Saundra Nolfi, RN</p>	S000000		
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S000104	<p>Public Health Nurse Surveyor</p> <p>QA: claughlin 12/04/13</p> <p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(a)(2)</p> <p>The governing body shall do the following:</p> <p>(2) Adopt bylaws and function accordingly.</p> <p>Based on documentation review and staff interview, the Governing Board failed to comply with Governing Board Bylaws when approving the Medical Staff and Governing Board Bylaws for 2012 and 2013.</p> <p>Findings included:</p> <p>1. Governing Board Bylaws (last approved 8/21/2012) indicated a quorum of the Board shall consist of the four Board members. When</p>	S000104	<p>S 104 GOVERNING BODY POWERS AND DUTIES PLAN OF CORRECTION: The Center's Governing Body will ensure that it assumes full legal responsibility for determining, implementing and monitoring policies governing the Center's total operation. The Center's Governing Body will ensure that a quorum is present at the Board meetings when a vote is taken. SYSTEMIC CHANGES: The Governing Body will review and approve the Medical Staff Bylaws during the next semi-annual Board Meeting. RESPONSIBLE PARTY AND MONITORING: The Chairman of the Governing Body will be responsible for ensuring that the Governing Body oversees and is</p>	12/17/2013

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	<p>a quorum is present and a vote is taken, the affirmative vote of a majority of the Board present shall be the act of the Board. Any revision to the Governing Board Bylaws requires a majority vote of the members of the Governing Board.</p> <p>2. The Board of Governors meetings were reviewed for 2012 and 2013. The Governing board met twice each year as required per Governing Board Bylaws. In 2012, the Governing Board meetings were held on April 6 and August 28. In 2013, the Governing Board meetings were held May 9 and September 5. Three of four of the Governing Board meetings did not have a quorum: April 26, 2012; May 9, 2013; and September 5, 2013. The Governing Board and Medical Staff Bylaws were reviewed and approved on April 26, 2012 and May 9th 2013; therefore, the Governing Board did not comply with the surgery</p>		accountable for the adoption of bylaws and function according to those bylaws.		

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S000620	<p>center's Governing Board Bylaws in approving the Governing Board Bylaws.</p> <p>3. At 9:00 AM on 11/20/2013, staff member #1 confirmed there was not a quorum present when the Governing Board approved the bylaws.</p> <p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(5)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(5) Plain paper facsimile orders, reports, and documents are acceptable for inclusion in the medical record if allowed by the center policies.</p> <p>Based on documentation review and staff interview, the facility failed to ensure facsimile orders, reports, and documents are on plain paper.</p> <p>Findings included:</p>	S000620	410 IAC 15-2.5.3 MEDICAL RECORDS: STORAGE, AND ADMINISTRATION PLAN OF CORRECTION: An adequate medical record must be maintained with documentation of service rendered for each patient of the center including plain paper facsimile orders, orders, and documents are acceptable for inclusion in the medical record. SYSTEM CHANGE: The	11/20/2013
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S000646	<p>1. Medical Records Facsimile (FAX) policy (last approved 8/21/2012) was reviewed. The policy references security of facsimile orders but did not reference facsimile reports be on plain paper and not on thermal or any other transparent paper.</p> <p>2. At 10:00 AM on 11/20/2013, staff member #1 confirmed the surgery center does not have a policy referencing faxes to be on plain paper only.</p> <p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(e)(3)</p> <p>All entries in the medical record must be as follows:</p> <p>(3) Authenticated and dated in accordance with section 4(b)(3)(N) of this rule.</p> <p>Based on staff interview, the facility failed to have a waiver for storing medical records of site.</p>	S000646	<p>Medical Records Facsimile (FAX) policy has been amended to require reports to be on plain paper and not on thermal or any other transparent paper. (Attachment C)RESPONSIBLE PARTY AND MONITORING:The Center Director is responsible for monitoring compliance. 100% of the ASC's faxed medical records will be audited for appropriate paper usage for a period of 3 weeks beginning 12/16 /2013. If there is 100% compliance with the documentation at the end of the 3 week period, then the documentation review will be completed with the monthly Medical Records Review process. Results of all audits will be reported to the QAPI Committee quarterly with results and recommendations submitted to the Governing Body on a quarterly basis.</p> <p>410 IAC 15-2.5.3 MEDICAL RECORDS: STORAGE, AND ADMINISTRATIONPLAN OF CORRECTION:All entries in the medical record must be</p>	11/20/2013			

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	<p>Findings included:</p> <p>At 1:42 PM on 11/19/2013, staff member #1 indicated all the medical records are paper copy and not on the Electronic Medical Records (EMR). The surgery center recently started to store their older medical records off site at Access Information Inc. The staff member confirmed he/she does not have a waiver for storing their records off site.</p>		<p>authenticated and dated in accordance with section 4(b)(3) (N) of this rule. SYSTEM CHANGE:The Center Director has applied for a waiver to store older medical records off site at Access Information, Inc. (Attachment D)RESPONSIBLE PARTY AND MONITORING:The Center Director is responsible for monitoring compliance with the waiver for storing medical records off site. Result of the waiver status will be reported to the QAPI Committee quarterly with results and recommendations submitted to the Governing Body.</p>		

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S000888	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(d)(2)(F)</p> <p>Requirement for surgical services include:</p> <p>(2) Surgical services shall develop, implement, and maintain written policies governing surgical care designed to assure the achievement and maintenance of standards of medical and patient care as follows:</p> <p>(F) A requirement for an operative report describing techniques, findings, and tissue removed or altered to be written or dictated immediately following surgery and authenticated by the surgeon in accordance with center policy and governing body approval.</p> <p>Based on medical record review, policy and procedure review, and interview, the facility failed to ensure the dictated operative report/discharge summary was authenticated within 30 days in 30 of 30 medical records reviewed (#N1- N30).</p> <p>Findings included:</p> <p>1. The medical record for patient #N1 indicated an operative report/discharge summary that was dictated 09/04/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p>	S000888	410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL PLAN OF CORRECTION: A complete medical record shall ensure that the dictated operative report/discharge summary is authenticated within 30 days of the patient's discharge. SYSTEMIC CHANGES: All medical records shall include the dictated operative report and a discharge summary sheet of the treatment and medication rendered during the patient's stay. The Center has amended the forms to include a date line that follows the physician's signature. Compliance	11/20/2013			

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	<p>2. The medical record for patient #N2 indicated an operative report/discharge summary that was dictated 11/06/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>3. The medical record for patient #N3 indicated an operative report/discharge summary that was dictated 09/19/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>4. The medical record for patient #N4 indicated an operative report/discharge summary that was dictated 08/29/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>5. The medical record for patient #N5 indicated an operative report/discharge summary that was dictated 09/18/13, the day after surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>6. The medical record for patient #N6 indicated an operative report/discharge summary that was dictated 10/03/13, the day of surgery, but without a date for the physician's signature to determine when</p>		<p>with authentication will be conducted and monitored through monthly chart audits. (Attachment A)RESPONSIBLE PARTY AND MONITORING:It is the responsibility of the Center Director to ensure that the medical record for each patient is accurate, legible and promptly completed. The Center Director will review 100% of all medical records for a period of three weeks beginning on 12/16/2013 for compliance with the discharge summary documentation policies. If 100% compliance is not achieved, staff will be re-educated and the monitoring process will start over. The results of all medical record audits will be tabulated and presented to the QAPI committee on a quarterly basis or review and recommendations. Recommendations will be presented to the Governing Body quarterly for review and approval.</p>		

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	<p>it was signed.</p> <p>7. The medical record for patient #N7 indicated an operative report/discharge summary that was dictated 09/19/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>8. The medical record for patient #N8 indicated an operative report/discharge summary that was dictated 09/17/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>9. The medical record for patient #N9 indicated an operative report/discharge summary that was dictated 09/03/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>10. The medical record for patient #N10 indicated an operative report/discharge summary that was dictated 08/08/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>11. The medical record for patient #N11 indicated an operative report/discharge summary that was dictated 10/10/13, the day of surgery, but without a date for the</p>				

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	<p>physician's signature to determine when it was signed.</p> <p>12. The medical record for patient #N12 indicated an operative report/discharge summary that was dictated 09/03/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>13. The medical record for patient #N13 indicated an operative report/discharge summary that was dictated 09/05/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>14. The medical record for patient #N14 indicated an operative report/discharge summary that was dictated 08/15/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>15. The medical record for patient #N15 indicated an operative report/discharge summary that was dictated 10/03/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>16. The medical record for patient #N16 indicated an operative report/discharge summary that was dictated 09/10/13, the</p>						

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	<p>day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>17. The medical record for patient #N17 indicated an operative report/discharge summary that was dictated 09/24/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>18. The medical record for patient #N18 indicated an operative report/discharge summary that was dictated 07/30/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>19. The medical record for patient #N19 indicated an operative report/discharge summary that was dictated 08/15/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>20. The medical record for patient #N20 indicated an operative report/discharge summary that was dictated 09/05/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>21. The medical record for patient #N21 indicated an operative report/discharge</p>				

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	<p>summary that was dictated 07/16/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>22. The medical record for patient #N22 indicated an operative report/discharge summary that was dictated 10/02/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>23. The medical record for patient #N23 indicated an operative report/discharge summary that was dictated 07/18/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>24. The medical record for patient #N24 indicated an operative report/discharge summary that was dictated 07/11/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>25. The medical record for patient #N25 indicated an operative report/discharge summary that was dictated 05/30/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>26. The medical record for patient #N26</p>						

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	<p>indicated an operative report/discharge summary that was dictated 06/13/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>27. The medical record for patient #N27 indicated an operative report/discharge summary that was dictated 06/27/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>28. The medical record for patient #N28 indicated an operative report/discharge summary that was dictated 05/21/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>29. The medical record for patient #N29 indicated an operative report/discharge summary that was dictated 04/03/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p> <p>30. The medical record for patient #N30 indicated an operative report/discharge summary that was dictated 04/30/13, the day of surgery, but without a date for the physician's signature to determine when it was signed.</p>				

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	31. The facility policy "Medical Records", last reviewed 09/05/13, indicated, "All records are completed within 30 days."				
	32. The facility policy "Medical Record Entries and Components", last reviewed 08/21/12, indicated, "All clinical entries shall be accurately dated and authenticated."				
	33. The facility policy "Medical Record Content- Order", last reviewed 09/05/13, indicated, "Operative Note: Operative reports are dictated or computer generated immediately after the procedure. Permanent and temporary reports include: ...Physician authentication as soon as possible following surgery."				
	34. At 11:00 AM on 11/20/13, staff member #A1 indicated the physicians sign the dictated reports before they leave for the day, but confirmed that could not be determined by the signatures.				

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S001146	<p>410I AC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(2)</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>(2) No condition may be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on documentation review and observation, the facility failed to assure all fire alarm pull stations were unobstructed and failed to maintain a safe environment, in regard to fire safety, for patients and staff in the operative suites.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Life Safety Management Plan (last approved 8/21/2012) indicated that facility staff are to maintain all fire protection equipment from being obstructed. At 11:00 AM on 11/20/2013, 	S001146	<p>410I AC 15-2.5-7 PHYSICAL PLAN EQUIPMENT MAINTENANCE PLAN OF CORRECTION: The Center shall maintain the fire pull stations remain unobstructed to maintain a fire safe environment. SYSTEMIC CHANGES: Stored items will be removed from the in front of the fire pull station eliminating the fire hazard and providing 3' of clear space in front of each fire pull station. RESPONSIBLE PARTY & MONITORING: The Center Director or designee will be responsible for ensuring that the fire pull stations remain free from stored items. This will be documented on the Environment of Care checklist on a monthly basis. The Center Director will report the results to the QAPI Committee quarterly for review and recommendation. Recommendations will be</p>	11/20/2013

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	<p>the back door of the surgery center was located in a small room. Next to the door was a red fire alarm pull station. Sitting under the pull station was a large gray cart containing coat hangers. The gray cart was obstructing the pull station.</p> <p>3. During the surgical case observation at 10:10 AM on 11/19/13, with staff member #A3 in attendance, a container of antiseptic handrub in a wall mounted holder was observed installed</p>		<p>submitted to the Governing Body for review and approval. 4101 AC 15-2.5-7 PHYSICAL PLAN EQUIPMENT MAINTENANCE PLAN OF CORRECTION: The Center will abide with Life Safety Code 406.72, 482.70, 483.623, 485.623 by properly installing alcohol based hand rub (ABHR) dispensers. SYSTEMATIC CHANGES: The Center has removed all alcohol based hand rub dispensers that are mounted above a light switch or receptacle. RESPONSIBLE PARTY & MONITORING It is the responsibility of the Center Director to ensure the facility is in compliance with the Life Safety Code Standards. The Center Director or designee, is responsible for monitoring and assuring that no alcohol hand rub dispensers are mounted above electrical receptacles or light switches. This will be documented on the Environment of Care checklist on a monthly basis. The Center Director will report the results to the QAPI Committee quarterly for review and recommendation. Recommendations will be submitted to the Governing Body for review and approval.</p>		

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	<p>approximately 4 inches above and adjacent (within 2 inches) to the red electrical outlet in OR (Operating Room) #2.</p> <p>4. At 10:50 AM on 11/19/13, OR #1 was checked with staff member #A3 and it was observed the hand sanitizer was installed the same way in relation to the red electrical outlet.</p> <p>5. The label on the antiseptic handrub indicated it contained 62.5% ethyl alcohol and a warning that the product was flammable, keep away from fire or flame.</p> <p>6. At 11:00 AM on 11/19/13, staff member #A3 indicated he/she had just checked the regulations because hand sanitizers were recently installed in other areas of the facility and confirmed the installations in the ORs were incorrect.</p>			