

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001116	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2014
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NAME OF PROVIDER OR SUPPLIER CLI SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 W LINCOLN RD KOKOMO, IN 46904
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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
S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 002845</p> <p>Survey Date: 05/07/2014 & 05/08/2014</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Carol Laughlin, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 05/14/14</p>	S000000		
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. Based on observation and employee interview, the facility failed to provide a safe and hazard free environment to</p>	S001146	The property manager was notified on 5/19/14 of the lack of overhead covering at the discharge exit door. He has	06/13/2014

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>patients, public and employees in 2 of 2 instances.</p> <p>Findings:</p> <p>1. Upon facility tour on May 8, 2014 at 1pm, and in the presence of Employee #A1, it was observed that the exit door from which patients are discharged from the facility after a procedure is completed lacked overhead covering. Thus no covered protection from inclement weather is provided to patients. Signage was posted at the end of the sidewalk and nearest this exit door to indicate "Patient Pick-Up" area.</p> <p>2. Interview on May 8, 2014 at 1pm with Employee #A1 indicated that during inclement weather all patients are exited through the main lobby area which has a covered door area.</p> <p>3. Upon facility tour on May 8, 2014 at 1:30pm, and in the presence of Employee #A1, it was observed that 2 hazardous waste boxes containing waste were in the room indicated to be a general storage room which also contained sealed cardboard boxes containing new and incoming surgery room supplies. The biohazard waste boxes were sitting on the floor next to the cardboard boxes which were sitting directly on the floor. The</p>		<p>contacted a vendor to manufacture and install an awning at the discharge exit door and a quote was submitted on 05/27/14. Installation will be completed by 06/13/14. Patients will continue to be discharged through the main lobby during inclement weather. The Facility Administrator will be responsible to ensure this work has been completed by said date. On 05/19/14 the hazardous waste boxes were moved to the Soiled Holding room. Staff will be informed of this change on 06/03/14 and re-educated on the proper storage of bio-hazardous waste and the importance of complying with the "Infection Control Rounds Checklist." The Facility Administrator was responsible for moving the hazardous waste boxes and will be responsible for the staff education.</p>				

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	<p>room contained many items, including but not limited to, a broken wheelchair, a work bench with tools, paint cans, and a vacuum cleaner. Biohazardous waste signage was posted on the door to this room.</p> <p>4. Interview on May 8, 2014 at 1:30pm with Employee #A1 verified the findings.</p>			