

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001142	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/25/2012
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NAME OF PROVIDER OR SUPPLIER SYCAMORE SPRINGS SURGERY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4715 STATESMEN DR STE A INDIANAPOLIS, IN 46250
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Q000000	<p>This visit was for a re-certification survey.</p> <p>Facility Number: 004157</p> <p>Survey Date: 10-23/25-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: clauglin 11/01/12</p> <p>12/21/12 revised due to IDR</p>	O000000		

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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Q000041	<p>416.41(a) 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 include a monitor and standard for 1 contracted service (nursing) in its quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the facility's QAPI program indicated it did not include a monitor and standard for the contracted service of nursing. In interview, on 10-25-12 at 10:20 am, employee #A1 indicated there was no documentation of inclusion of the above service. No other documentation was provided prior to exit. 	O000041	The "contract" nursing category has been added to our written QA monitors in order to avoid this tag in the future. This was completed 1-1-13. The Administrator is responsible for this tag.	01/01/2013	

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Q000081	<p>416.43(a), 416.43(c)(1) PROGRAM SCOPE; PROGRAM ACTIVITIES</p> <p>(a)(1) The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.</p> <p>(a)(2) The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.</p> <p>(c)(1) The ASC must set priorities for its performance improvement activities that -</p> <ul style="list-style-type: none"> (i) Focus on high risk, high volume, and problem-prone areas. (ii) Consider incidence, prevalence, and severity of problems in those areas. (iii) Affect health outcomes, patient safety, and quality of care. <p>Based on document review and interview, the facility failed to include a monitor and standard for 1 contracted service (nursing) in its quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program indicated it did not include a monitor and standard for the contracted service of nursing.</p>	Q000081	The "contract" nursing category has been added to our written QA monitors in order to avoid this tag in the future. This was completed 1-1-13. The Administrator is responsible for this tag.	01/01/2013

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	2. In interview, on 10-25-12 at 10:20 am, employee #A1 indicated there was no documentation of inclusion of the above service. No other documentation was provided prior to exit.			

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Q000084	<p>416.43(e) GOVERNING BODY RESPONSIBILITIES The governing body must ensure that the QAPI program-</p> <p>(1) Is defined, implemented, and maintained by the ASC. (2) Addresses the ASC's priorities and that all improvements are evaluated for effectiveness. (3) Specifies data collection methods, frequency, and details. (4) Clearly establishes its expectations for safety. (5) Adequately allocates sufficient staff, time, information systems and training to implement the QAPI program.</p> <p>Based on document review and interview, the facility failed to assure inclusion of 1 contracted service (nursing) in its quality assurance and performance improvement program (QAPI) and reports to the governing board.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program and governing board meeting minutes for year 2012, indicated the governing board did not review reports for contracted nursing services.</p> <p>2. In interview, on 10-25-12 at 10:20 am, employee #A1 confirmed the above and no other documentation was provided prior to exit.</p>	0000084	The "contract" nursing category has been added to our written QA monitors in order to avoid this tag in the future. This was completed 1-1-13. The Administrator is responsible for this tag.	01/01/2013			

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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. Based on document review and interview, the facility failed to follow the manufacturer's recommended maintenance for its defibrillator.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the manufacturer's manual for the LIFEPAK 9P defibrillator, indicated the following are to be done daily: Clean defibrillator Inspect case, cables, connectors, and accessories for damage Verify paddles are clean Review of a document entitled DAILY EMERGENCY EQUIPMENT CHECKLIST, indicated it did not include the above checks. In interview, on 10-25-12 at 9:25 am, employee #A1 confirmed the above and no further documentation was provided prior to exit. 	O000101	The category "cleaned" will be added to our defibrillator check list for our regular maintenance to avoid this tag in the future. It will be added by 3-31-13. The administrator is responsible for this.	03/31/2013			

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Q000122	<p>416.45(b) REAPPRAISALS Medical staff privileges must be periodically reappraised by the ASC. The scope of procedures performed in the ASC must be periodically reviewed and amended as appropriate. Based on document review and interview, the facility failed to include a review of appropriateness of diagnosis and treatments related to a standard of care for 3 (MD#9, MD#11 and AH#1) of 12 medical staff credential files reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of 12 medical staff credential files indicated files MD#9, MD#11 and AH#1 did not have any documentation of review of appropriateness of diagnosis and treatments related to a standard of care. In interview, on 10-24-12 at 12:15 pm, employee #A1 confirmed the the results of the above review and no other documentation was provided prior to exit. 	O000122	The review related to standards of care for providers at the time of credentialing will be added to our list of credentialing requirements so as not to be cited for this inadvertant omission in the future. This will be complete by 11-20-12. The administrator is responsible for the completion of this task.	11/20/2012
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Q000221	<p>416.50(a)(1) NOTICE OF RIGHTS</p> <p>The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands.</p> <p>Based on document review and interview, the patient rights given to the patient or their representative verbally and in writing prior to surgery did not contain 3 of 13 required elements.</p> <p>Findings:</p> <p>1. Review of a document entitled SSSC Patients Rights and Responsibilities, given to the patient or their representative verbally and in writing prior to surgery, did not contain the following patient rights:</p> <p>The State Agency to register complaints. The patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors. The patient has a right to be free from all forms of staff abuse, neglect or harassment.</p> <p>2. In interview, on 10-25-12 at 11:05 am, employee #A1 confirmed the above elements were not included in the patient</p>	0000221	Our patient rights have been revised in order to include all the elements stated in the tag in order to avoid this tag in the future. They will be approved by the Board, posted for our patients and revised in our brochure for our patients by 3-31-13. The administrator is responsible for this.	03/31/2013	

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	rights given to the patient or their representative verbally and in writing prior to surgery. No further documentation was provided prior to exit.			

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Q000222	<p>4166.50(a)(1)(i) NOTICE - POSTING In addition, the ASC must - Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman. Based on document review, the posted patient rights did not contain 8 of 13 required elements.</p> <p>Findings:</p> <p>1. Review of a document entitled PATIENT'S RIGHTS AND RESPONSIBILITIES, posted in the facility's reception area, did not contain the following patient rights:</p> <p>The State Agency to register complaints. The web site of the Office of the Medicare Beneficiary Ombudsman. The facility's policy on advanced directives, and if requested by the patient, the Indiana State Advanced Directive brochure. The patient or their representative's right to voice grievances. Patients can exercise their rights without being subjected to discrimination.</p>	0000222	Our patient rights have been revised in order to include all the elements stated in the tag. We will be placing a binder in our waiting room that contains our advanced directives policy, state health and safety law information and applicable state forms/brochure. All in order to avoid these tags in the future. They all will be approved by the Board, posted for our patients and revised in our brochure for our patients by 3-31-13. The administrator is responsible for this.	03/31/2013	

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	<p>Patients can voice grievances regarding treatment or care that is or fails to be furnished.</p> <p>The patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors.</p> <p>The patient has a right to be free from all forms of staff abuse, neglect or harassment.</p> <p>2. In interview, on 10-25-12 at 11:05 am, employee #A1 confirmed the above elements were not included in the the posted patient rights and no further documentation was provided prior to exit.</p>			

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Q000224	<p>416.50(a)(2) ADVANCE DIRECTIVES The ASC must comply with the following requirements:</p> <p>(i) Provide the patient or, as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable State health and safety laws, and, if requested, official State advance directive forms.</p> <p>(ii) Inform the patient or, as appropriate, the patient's representative of the patient's rights to make informed decisions regarding the patient's care.</p> <p>(iii) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.</p> <p>Based on document review and interview, the facility failed to have a policy to include description and availability of the applicable State health and safety laws, and the State advanced directive brochure.</p> <p>Findings:</p> <p>1. Review of a document entitled Manual: Clinical, PATIENTS RIGHTS, approved February 8, 2012, indicated it did not include a description and availability of the applicable State health and safety laws, and the State advanced directive brochure.</p> <p>2. In interview, on 10-25-12 at 11:05 am,</p>	0000224	We will be placing a binder in our waiting room that contains our advanced directives policy, state health and safety law information and applicable state forms/brochure in order to avoid this tag in the future. They all will be approved by the Board and placed for our patients by 3-31-13. The administrator is responsible for this.	03/31/2013			

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Q000227	<p>employee #A1 confirmed the above and no further documentation was provided prior to exit.</p> <p>416.50(b)(1)(i) RESPECT - PROPERTY & PERSON The patient has the right to - Exercise his or her rights without being subjected to discrimination or reprisal. Based on document review and interview, the facility failed to have policies and procedures that patients or their representatives may exercise their rights without fear of discrimination.</p> <p>Findings:</p> <p>1. Review of a document entitled Manual: Clinical, PATIENTS RIGHTS, approved February 8, 2012, indicated it did not indicate patients or their representatives may exercise their rights without fear of discrimination.</p> <p>2. On 10-25-12 at 11:05 am, employee #A1 confirmed the above and no further documentation was provided prior to exit.</p>	O000227	Our patient rights have been revised to include the grievance information cited in this tag in order to avoid it in the future. They will be approved and posted by 3-31-13. The administrator is responsible for this.	03/31/2013	

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Q000232	<p>416.50(c)(2) SAFETY [The patient has the right to -] Receive care in a safe setting</p> <p>Based on document review and interview, the facility failed to have a policy that the patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of a document entitled Manual: Clinical, PATIENTS RIGHTS, approved February 8, 2012, indicated it did not include a policy that the patient has a right to receive care in a safe setting, including free of contaminated materials and unwanted visitors. In interview, on 10-25-12 at 11:05 am, employee #A1 confirmed the above and no further documentation was provided prior to exit. 	Q000232	Our patient rights have been revised in order to include all the elements stated in the tag in order to avoid this tag in the future. They will be approved by the Board, posted for our patients and revised in our brochure for our patients by 3-31-13. The administrator is responsible for this.	03/31/2013	

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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 004157</p> <p>Survey Date: 10-23/25-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 11/01/12</p> <p>12/21/12 revised due to IDR</p>	S000000		

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S000162	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (G)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(G) Ensuring cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and center policy for all health care workers including contract and agency personnel, who provide direct patient care.</p> <p>Based on document review and interview, the facility failed to ensure cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice for 2 (MD#1 and MD#10) of 11 medical staff credential files reviewed..</p> <p>Findings:</p> <p>1. Review of 11 medical staff credential files indicated the CPR competency of MD#1 had expired in April, 2010 and the CPR competency of MD#10 had expired in September, 2005.</p> <p>2. In interview, on 10-24-12 at 12:15 pm, employee #A1 verified the above documentation and no further documentation was provided prior to exit.</p>	S000162	<p>Doctor files will include current cpr cards in order to avoid this tag in the future. The files mentioned in this tag have their current cpr cards now. This will be enacted by 3-31-13. The administrator is responsible for this.</p>	03/31/2013			

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S000224	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(2)</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>(2) Ensure that the services performed under a contract are provided in a safe and effective manner and are included in the center's quality assessment and improvement program.</p> <p>Based on document review and interview, the facility failed to assure inclusion of 1 contracted service (nursing) in its quality assurance and performance improvement program (QAPI) and reports to the governing board.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program and governing board meeting minutes for year 2012, indicated the governing board did not review reports for contracted nursing services.</p> <p>2. In interview, on 10-25-12 at 10:20 am, employee #A1 verified the above and no other documentation was provided prior to exit.</p>	S000224	Contract nursing is now typed out, listed on our QA monitors and standards to avoid this tag in the future. These are reported to the Board quarterly. This was completed by 1-1-13. The administrator is responsible for this.	01/01/2013			

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S000310	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(1)</p> <p>The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor. Based on document review and interview, the facility failed to include a monitor and standard for 1 contracted service in its quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of the facility's QAPI program indicated it did not include a monitor and standard for the contracted service of nursing.</p> <p>2. In interview, on 10-25-12 at 10:20 am, employee #A1 indicated there was no documentation of inclusion of the above service. No other documentation was provided prior to exit.</p>	S000310	Contract nursing is now typed out, listed on our QA monitors and standards to avoid this tag in the future. These are reported to our Board quarterly. This was completed by 1-1-13. The administrator is responsible for this.	01/01/2013	

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S000326	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(3)</p> <p>The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(3) All services performed in the center with regard to appropriateness of diagnoses and treatments related to a standard of care and anticipated or expected outcomes.</p> <p>Based on document review and interview, the facility failed to include a review of appropriateness of diagnosis and treatments related to a standard of care for 3 (MD#9, MD#11 and AH#1) of 12 medical staff credential files reviewed.</p> <p>Findings:</p> <p>1. Review of 12 medical staff credential files indicated files MD#9, MD#11 and AH#1 did not have any documentation of review of appropriateness of diagnosis and treatments related to a standard of care.</p> <p>2. In interview, on 10-24-12 at 12:15 pm, employee #A1 verified the the results of the above review and no other documentation was provided prior to exit.</p>	S000326	The review related to standards of care for providers at the time of credentialing will be added to our list of credentialing requirements so as not to be cited for this inadvertant omission in the future. This will be complete by 11-20-12. The administrator is responsible for the completion of this task.	11/20/2012			

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S000404	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(b)</p> <p>(b) The center shall maintain a written, active, and effective center-wide infection control program. Included in this program must be a system designed for the identification, surveillance, investigation, control, and prevention of infections and communicable diseases in patients and health care workers.</p> <p>Based on interview, the facility failed to maintain a written, active infection control plan that addressed identification, surveillance and investigation for the prevention of infections and communicable diseases in patients and health care workers.</p> <p>Findings include:</p> <p>1. On 10-25-12 at 1105 hours, staff #40 confirmed that he/she the facility had no written infection control plan.</p>	S000404	Our written infection control plan is active and in place in our center. This was completed prior to 1-1-13. The administrator is responsible for the plan.	01/01/2013	

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S000526	<p>410 IAC 15-2.5-2 LABORATORY SERVICES 410 IAC 15-2.5-2 (h)</p> <p>(h) All nursing and other center personnel performing laboratory testing shall have competency assessed annually with documentation of assessment maintained in the employee file for the procedures performed.</p> <p>Based on interview and document review, the facility failed to ensure that all nursing and other center personnel performing urine pregnancy test have competency assessed annually with documentation of assessment maintained in the employee file for 6 of 6 personnel files reviewed (Staff #2, 3, 4, 5, 6 & 7).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 10-23-12 at 0945 hours, staff #40 confirmed that RNs and LPNs perform urine pregnancy tests on patients. 2. Review of staff #2, 3, 4, 5, 6 & 7's personnel files lacked documentation of annual competency for urine pregnancy tests. 3. On 10-24-12 at 1010 hours, staff #40 confirmed that there was no documentation of annual competency for performing the urine pregnancy tests by facility staff. 	S000526	<p>A urine pregnancy test competency was developed prior to the surveyor's exit and shared with them with all pre-op nurses having completed it that day. This item was completed 10-25-12. The administrator is responsible for this competency and it's completion in order to avoid this citation in the future.</p>	10/25/2012			

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S000616	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(3)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(3) The center shall use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries. Each entry must be authenticated in accordance with the center and medical staff policies.</p> <p>Based on document review and interview, the facility failed to have a system of author identification in 1 instance.</p> <p>Findings:</p> <p>1. Review of the facility's polices and procedures indicated there was no system for author identification; i.e. there was no signature sheet or other method to compare an author's signature and/or initials to determine who had made an entry in a medical record.</p> <p>2. In interview, on 10-25-12 at 11:30 am, employee #A1 verified the above and no further documentation was submitted by exit.</p>	S000616	We are implementing an authentication sheet for all practitioners in our center. This will be completed by 3-31-13. The administrator is responsible for this.	03/31/2013

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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 document review and interview, the facility failed to ensure that the operative report describing techniques, findings, and tissue removed or altered was written or dictated immediately following surgery for 4 of 30 medical records (MR) reviewed (Patient #8, 13, 15 and 19).</p> <p>Findings include:</p> <p>1. Review of patient #8's MR indicated the patient had surgery on 09-07-12 and the Operative Report was done on 09-11-12.</p>	S000888	We are currently developing a policy that will address late dictation and sanctions ie: probation. This policy will be complete by 12-20-12 and approved and/or revised by our Board by 12-31-12. The administrator will be responsible for this to ensure this citation will not occur in the future.	12/31/2012	

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	<p>2. Review of patient #15's MR indicated the patient had surgery on 06-22-12 and the Operative Report was done on 06-28-12.</p> <p>3. Review of patient #19's MR indicated the patient had surgery on 05-15-12 and the Operative Report was done on 05-22-12.</p> <p>4. Review of patient #13's MR indicated the patient had surgery on 06-27-12 and the Operative Report 14 blanks when reviewed on 10-25-12.</p> <p>5. On 10-25-12 at 0920 hours, staff #40 confirmed that the Operative Reports should be done immediately after surgery.</p>				

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S001164	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(i)</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>(i) All patient care equipment must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule.</p> <p>Based on document review and interview, the facility failed to follow the manufacturer's recommended maintenance for its defibrillator.</p> <p>Findings:</p> <p>1. Review of the manufacturer's manual for the LIFEPAK 9P defibrillator, indicated the following are to be done daily:</p> <p>Clean defibrillator Inspect case, cables, connectors, and</p>	S001164	We are revising our check sheet for monthly maintenance on our defibrillator to include "cleaning" the machine. This will be completed by 3-31-13 The administrator is responsible for this.	03/31/2013			

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	<p>accessories for damage Verify paddles are clean</p> <p>2. Review of a document entitled DAILY EMERGENCY EQUIPMENT CHECKLIST, indicated it did not include the above checks.</p> <p>3. In interview, on 10-25-12 at 9:25 am, employee #A1 confirmed the above and no further documentation was provided prior to exit.</p>			