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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001106 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 06/30/2015 |
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| NAME OF PROVIDER OR SUPPLIER EVANSVILLE SURGERY CENTER ASSOCIATES LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 4133 GATEWAY BLVD STE 100 NEWBURGH, IN 47630 |
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| S 0000 Bldg. 00 | This visit was for a State licensure survey. Facility number: 002666 Dates: 6/29/15 to 6/30/15 QA: cjl 07/16/15 | S 0000 | | |
| S 0400 Bldg. 00 | 410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(a) (a) The center shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors. Based on observation and interview, the facility failed to maintain a safe and healthful environment in the operating rooms (OR) corridor. Findings: 1. On 06/29/2015 at 1100 hours, while touring the OR area, accompanied by staff member #A2, it was noted that the crash cart had a layer of dust and a white substance (the appearance of plaster dust) on the top. In addition, the floor under and behind the crash cart appeared to | S 0400 | S 400 Finding of dust on and around crash cart was corrected on 6/30/2015. Housekeeping staff was notified that crash cart is included in cleaning responsibilities. Nursing, during the daily defibrillator checks, will document cleanliness. Plant Operations Coordinator will assure that area is clean during the Housekeeping Inspections reported quarterly. Plant Operation Coordinator who oversees Housekeeping will be responsible for correcting deficiencies. | 06/30/2015 |

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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| S 0736 Bldg. 00 | <p>have a layer of dust and a white substance, especially around the baseboards. These findings risk having an open wound on a patient become contaminated, if the crash cart was required to be used during a surgical procedure.</p> <p>2. Staff member #A2 concurred with this finding.</p> <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(3)(B)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(B) Meeting requirements of the medical staff to include, at a minimum, the following:</p> <p>(i) Frequency, at least quarterly. (ii) Attendance.</p> <p>Based on document review the medical staff (MS) failed to meet quarterly within the past 4 quarters (2/2104 to 6/2015).</p> <p>Findings:</p> | S 0736 | S 736 Medical Staff meetings will be held quarterly beginning with scheduled August 3, 2015 meeting. Meetings will occur on 1st Monday of the month in February, May, August, and November. Facility | 08/03/2015 |

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| S 1166 Bldg. 00 | <p>1. Review of MS Bylaws indicated, in section 11.1.1 titled Regular Meetings: The MS shall hold at least one meeting per Medical Staff Year. The Bylaws were last reviewed 9/24/14.</p> <p>2. Review of the past 4 quarters of MS meeting minutes indicated the MS held meetings on the following dates: 2/9/15, 7/7/14, & 2/10/14.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(ii)</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>(ii) There must be evidence of preventive maintenance on all patient care equipment. Based on document review, observation, and interview, the center failed to provide evidence of preventive maintenance (PM) on 3 patient care items (Tissue freezer,</p> | S 1166 | <p>Administrator is responsible for seeing that meeting is scheduled, Medical Staff President or designated appointee will conduct meeting. Medical Staff Bylaws will be amended to reflect compliance with 410 IAC 15-2.5-4 for quarterly meetings. Amendment to bylaws to be presented for approval on August 3, 2015 with subsequent approval by Managing Board on August 26, 2015 at regularly scheduled meeting.</p> <p>S 1166 Preventive Maintenance will be conducted on tissue freezer. Monthly check performed by Plant Operation Coordinator on July 1,</p> | 07/27/2015 |

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| | <p>wheelchairs, patient beds).</p> <p>Findings:</p> <p>1. Review of the policy & procedure (P&P) titled Equipment Management Plan indicated the following: Biomedical Services have implemented a preventive maintenance program...to provide preventive maintenance work routines (these routines...comply with manufacturer's recommendations). Clinical and physical risk is assessed and minimized through inspection, testing and maintenance of equipment. The P&P was last approved 2/25/15.</p> <p>2. On 6/30/15 during tour of the physical plant, between 11:00am and 11:45am, in the presence of A1, Administrator, and A6, Plant Operations Coordinator, a Model 700 Tissue freezer was observed.</p> <p>3. Review of the manufacturer's manual for the Tissue freezer indicated regular preventive maintenance is important to keep the unit functioning properly. The manual indicated the following PM should be performed monthly: Verify ambient temperature <90 degrees Fahrenheit, adjust door handle as needed, check and clean probe cover..., check/clean/replace air filter, check alarm back-up battery.</p> | | <p>2015. Correct log and policy currently in place, however, Plant Operations Coordinator has failed to document appropriately. Performance Improvement Coordinator will verify that PM on Tissue Freezer is being conducted. Preventive maintenance will be conducted on wheelchairs and non-electric patient beds by Plant Operation Coordinator yearly beginning July 27, 2015. Contact to equipment manufacturer stated that annual checks are recommended. Plant Operation Coordinator will document PM using form. (See Ex. S1166) Performance Improvement Coordinator will verify that PM are performed yearly.</p> | |

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| | <p>4. Review of preventive maintenance documentation for 2014 to 6/2015 lacked documentation of PM per manufacturer recommendations on the Model 700 Tissue freezer. The documents also lacked documentation of PM for any wheelchair and/or non-electric patient bed.</p> <p>5. On 6/30/15 at 12:30pm, A6 indicated PM of the tissue freezer was not being performed per manufacturer recommendation. A6 also indicated the center does utilize non-electric wheelchairs and patient beds, but does not perform regular PM on these pieces of equipment.</p> | | | |