

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001045	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/10/2013
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NAME OF PROVIDER OR SUPPLIER  INDIANA ENDOSCOPY CENTERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 N SENATE BLVD, STE 410 INDIANAPOLIS, IN 46202
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S0000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 006221</p> <p>Survey Date: 1-7/10-13</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/25/13</p>	S0000		

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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S0432	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(iii)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p> <p>(E) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(iii) Cleaning, disinfection, and sterilization.</p> <p>Based on observation, document review and interview, the facility failed to follow its policy/procedure and manufacturer's recommendations for disinfecting solution.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 01-07-13 at 1450 hours in the soiled workroom, a container labeled "Cidex" was observed.</li> <li>2. Review of policy/procedure Reprocessing indicated the following: "S. Perform quality control for Rapidicide and Cidex OPA. Please follow manufacturer's recommendations for Rapidicide and Cidex OPA solution to test strips." This policy/procedure was last reviewed/revised on 08-04-11.</li> </ol>	S0432	The Cidex OPA test strips had been ordered and were delivered on 1/8/13. As of 1/8/13, there have been Cidex OPA test strips on site for proper solution efficacy testing. There is a process in place for monitoring adequate inventory to prevent this from happening again. The endoscopy tech and the charge nurse are responsible for monitoring proper inventory.	01/14/2013

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	<p>3. Review of the manufacturer's recommendations for Cidex OPA indicated the following: "Use Cidex OPA Solution Test Strips to monitor ortho-phthalaldehyde concentration before each use to detect the MEC (0.3%)."</p> <p>4. On 01-07-13 at 1450 hours, staff #45 confirmed the facility had no test strips to test the Cidex solution.</p>			

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S0888	<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 operative reports were dictated immediately after surgery for 7 of 37 medical records (MR) reviewed (Patient #16, 22, 24, 26, 27, 28 and 33).</p> <p>Findings include:</p> <p>1. Review of the following MRs indicated the following: Patient #16 had a procedure on 10-02-12 and the Operative Report was dictated on 10-04-12. Patient #22 had a procedure on 09-10-12</p>			S0888	<p>The current medical record requirement policy (2.02) has been amended to include the operative summary report will be completed immediately following the procedure (see attachment S888). This policy was approved by the Medical Staff on 1/22/13 and will be forwarded to the Board at it's next meeting. Operative note completion is monitored by staff; done on a daily basis. The Medical Director along with the Clinical Manager are responsible for enforcing this policy.</p>		01/22/2013

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	<p>and the Operative Report was dictated on 09-19-12.</p> <p>Patient #24 had a procedure on 08-29-12 and the Operative Report was dictated on 09-05-12.</p> <p>Patient #26 had a procedure on 08-24-12 and the Operative Report was dictated on 08-29-12.</p> <p>Patient #27 had a procedure on 08-17-12 and the Operative Report was dictated on 08-23-12.</p> <p>Patient #28 had a procedure on 08-15-12 and the Operative Report was dictated on 08-22-12.</p> <p>Patient #33 had a procedure on 11-13-12 and the Operative Report was dictated on 11-21-12.</p> <p>2. On 01-08-13 at 1420 hours, staff #40 confirmed that Operative Reports are suppose to be dictated immediately after the procedure is completed.</p>			

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S1182	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(2)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(2) An ongoing center-wide process to evaluate and collect information about hazards and safety practices to be reviewed by the committee.</p> <p>Based on document review and interview, the facility failed to have an on-going review by the safety committee about hazards and safety practices.</p> <p>Findings:</p> <p>1. Review of facility documents indicated the Indianapolis and Avon offsite facility each conducted an on-going (monthly) center-wide process to evaluate and collect information about hazards and safety practices.</p> <p>2. Review of safety committee minutes of the Indianapolis and Avon offsite facility each indicated there was not an on-going meeting of the safety committee since there was only one (1) meeting of the safety committee in 2012, on August 14 for each of the facilities.</p> <p>3. In interview, on 1-9-13 at 2:55 pm,</p>	S1182	The Quality Assurance Plan (1.07) has been amended to include that the Safety Committee will formally meet on a biennial basis or more frequently if deemed by the Safety Director (who chairs the committee) - see attachment S1182. This was approved by the Medical Staff on 1/22/13 and will be forwarded to the Board at its next meeting. The Clinical Manager is responsible for scheduling meetings and monitoring and interacting / communicating with the Safety Committee.	01/22/2013	

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	employee #A2 confirmed the above and no further documentation was presented prior to exit.			