

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001058	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2013
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NAME OF PROVIDER OR SUPPLIER THE ENDOSCOPY CENTER AT ST FRANCIS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8051 S EMERSON AVE STE 150 INDIANAPOLIS, IN 46237
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 008858</p> <p>Survey Date: 2-25/3-1-13</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: claughlin 03/08/13</p>	S000000		

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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S000320	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(2)</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>(2) All functions, including, but not limited to, the following:</p> <p>(A) Discharge and transfer. (B) Infection control. (C) Medication errors. (D) Response to patient emergencies.</p> <p>Based on document review and interview, the facility failed to include a specific standard for the activities of medication errors and response to patient emergencies 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 specific standard for the activities of medication errors and response to patient emergencies</p> <p>2. In interview, on 2-28-13 at 3:15 pm, employee #A1 confirmed the above. No further documentation was provided prior to exit.</p>	S000320	S320 - Laura Allen RN, Clinical Director, updated and corrected the Quarterly Quality Improvement/Infection Control Report with a stated standard/target for the activities of medication errors and response to patient emergencies contained in the Center QAPI Program. This is demonstrated in the attached document "QAPI Standards". Laura Allen RN, Clinical Director, is responsible insure that stated standards/targets are identified and present in the Center QAPI program and Quarterly Monitoring on the Quarterly Quality Improvement/Infection Control Report. Laura Allen, RN, Clinical Director, will be responsible for making sure that stated standards are on all monitors within the Center QAPI Program and that they are reviewed	03/15/2013	

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			and monitored quarterly by the Center QI Committee and reported to the MAC Committee and Board of Managers, reviewed and approved.		

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S000622	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(6)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(6) The center shall have a system of coding and indexing medical records which allows for timely retrieval of records by diagnosis and procedure, physician, and condition on discharge, in order to support continuous quality assessment and improvement activities.</p> <p>Based on document review and interview, the facility failed to have documentation of a log or index that included condition on discharge.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the Patient Log indicated it did not include condition on discharge. 2. In interview, on 2-2-13 at 11:00 am, employee #A1 confirmed the above and no further documentation was provided by exit. 	S000622	S622 - Laura Allen RN updated the Center Endoscopy Log to demonstrate "Condition on Discharge" information is captured. The Center shall have a system of maintaining a log which will allow for the timely retrieval of records by diagnosis, procedure, physician and condition on discharge in order to support continuous quality assessment and improvement activities. This log shall be kept electronically within the procedure documentation program CORI under Custom Queries under the name "Procedure Log Expanded". This log may be queried by date or a range of dates and may be viewed electronically or may be saved to an Excel Spreadsheet format. The log contains the following information: Date of Service Patient Name and	03/15/2013

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			<p>MRNPhysician's NameProcedureIndications for ProcedureFindings of the ProcedureSedation MedicationCondition on DischargeFinal Assessment TextBlank findings under the "Condition of Discharge" heading shall indicate a condition upon discharge of "Good/Stable" by default. Exceptions to this will demonstrate an entry of "Transfer" or "Adverse Event" under this heading and further documentation will be located in the appropriate file for review. Transfers and Adverse Events are evaluated separately in the Center QAPI file labeled as such. This update is evidenced by the attached "Endoscopy Log" Center policy and a sample of a "Procedure Log Expanded" report in Excel format. Laura Allen RN, Clinical Director is responsible for maintaining the Endoscopy Log and entering the exceptions into the Procedure Log Expanded should there be exceptions of Condition on Discharge.</p>		