

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001011	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/06/2016
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NAME OF PROVIDER OR SUPPLIER SURGICAL CARE CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8103 CLEARVISTA PKWY INDIANAPOLIS, IN 46256
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S 0000 Bldg. 00	This visit was for a State licensure survey. Facility Number: 005392 Survey Date: 04-04/06-2016 QA: cjl 05/13/16	S 0000		
S 0110 Bldg. 00	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (a)(5) The governing body shall do the following: (5) Review, at least quarterly, reports of management operations, including, but not limited to, quality assessment and improvement program, patient services provided, results attained, recommendations made, actions taken, and follow-up. Based on document review and interview, the facility's governing board failed to review reports of the quality assessment performance improvement (QAPI) program of 4 (clinical laboratory, security, radiology and occupational health) of 4 contracted services for	S 0110	The Governing Body will meet at least quarterly, reports of management operations, including, but not limited to, quality assessment and improvement program, patient services provided, results attained, recommendations made, actions taken and	05/12/2016

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 0300 Bldg. 00	<p>calendar year 2015 as part of the facility's QAPI program.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the governing board meeting minutes for calendar year 2015 indicated the governing board failed to review QAPI activities of the contracted services of clinical laboratory, security, radiology and occupational health. 2. Interview of employee #A1, Director, on 04-06-2015 at 11:15 am, confirmed all the above and no other documentation was provided prior to exit. <p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)</p> <p>(a) The center must develop, implement, and maintain an effective, organized, center-wide, comprehensive quality assessment and improvement program in which all areas of the center participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p>		<p>follow-up A Governing Body meeting was held February 4, 2016 and May 12, 2016 and the quality assessment and improvement programs (clinical laboratory, security and occupational health) were discussed The next Governing Body meetings for 2016 will be in August and November and the quality assessment and improvement programs (clinical laboratory, radiology, security and occupational health) will be discussed. We continue to have a transfer agreement with Community Hospitals of Indiana which includes radiologic services. All future Governing Body meetings will be held yearly in February, May, August and November The Director of Nursing and CEO will monitor the facility's Governing Body quarterly meetings *No radiology services are provided in the Surgical Care Center</p>		

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S 0310 Bldg. 00	<p>Based on document review and interview, the facility failed to follow its policy for the quality assurance committee to meet at least quarterly for 1 of 4 quarters in calendar year 2015.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of facility POLICY NO. 6.02, entitled QUALITY ASSURANCE PLAN/RISK MANAGEMENT (continued), reviewed 05-15-2015, indicated "The Quality Assurance Committee will meet at least quarterly ...". Review of Quality Assurance Committee meeting minutes for calendar year 2015 indicated there were no minutes for the first quarter. Interview of employee #A1, Director, on 04-06-2016 at 10:45 am, confirmed all the above and no other documentation was provided prior to exit. <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>	S 0300	The Quality Assessment and Improvement Committee will meet at least quarterly Quality Assessment and Improvement reports will be reviewed and approved quarterly by the Medical Staff and Governing Body Discussion of correction of deficiency will be reviewed at the next Medical Staff and Governing Body meeting in August 2016 The remaining meetings for 2016 will be held in August and November All future meetings will be held yearly in February, May, August and November The Director of Nursing and CEO will monitor the facility's Quality Assessment and Improvement Committee meetings	05/12/2016

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S 0736 Bldg. 00	<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 3 (clinical laboratory, security and occupational health) of 3 services furnished by a contractor in its quality assessment and performance improvement (QAPI) program for calendar year 2015.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of the facility's QAPI program for calendar year 2015 indicated it did not include a monitor and standard for the contracted services of clinical laboratory, security and occupational health. Interview of employee #A1, Director, on 04-06-2016 at 11:15 pm, confirmed the above and no other documentation was provided prior to exit. <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>	S 0310	<p>A Surgical Care Center staff member was assigned to evaluate quarterly the following areas - Clinical Laboratory, Security and Occupational Health They will submit Quality Assurance/Assurance and Improvement reports to the Medical Staff and Governing Body at each quarterly meetings The Director of Nursing will be responsible for monitoring the Quality Assessment/Assurance and Improvement quarterly reports</p>	05/12/2016

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	<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 and interview, the facility's medical staff failed to follow its bylaws, by not having had a quorum present at 4 of 4 medical staff meetings for calendar year 2015, and failed to meet for 1 of 4 quarters in calendar year 2015.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of the medical staff bylaws, last reviewed by the medical staff 05-14-2015 and approved by the governing board 08-13-2015, indicated "Regular meetings of the medical staff shall be held quarterly." Review of the medical staff meetings for calendar year 2015 indicated there was no meeting in the first quarter. Review of the medical staff bylaws, last reviewed by the medical staff on 05-14-2015 and approved by the governing board 08-13-2015, indicated "The presence of fifty percent of the total membership of the active staff ... shall constitute a quorum ... for ... actions permitted by these bylaws." 	S 0736	<p>Medical Staff Meetings will be held on a quarterly basis. Quorum (as stated in the Medical Staff bylaws) will be met Medical Staff meetings were held on February 4, 2016 and May 12, 2016 and quorum (as stated in the Medical Staff bylaws) was met The future meetings for 2016 will be held in August and November on a date when quorum (as stated in the Medical Staff bylaws) can be met. This applies to all future meetings The Director of Nursing and CEO are responsible for making sure quorum (as stated in the Medical Staff bylaws) is met at all quarterly Medical Staff Meetings</p>	05/12/2016

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S 0756 Bldg. 00	<p>4. Review of a medical staff member list indicated there were 9 surgeons and anesthesiologists privileged and credentialed by the facility, thus a quorum would be 5 active medical staff members present.</p> <p>5. Review of documents entitled Medical Staff Meeting, indicated the following active staff Members Present in calendar year 2015:</p> <p style="padding-left: 40px;">May 14 - MD#8, ophthalmologist, MD#5, ophthalmologist, MD#6, ophthalmologist</p> <p style="padding-left: 40px;">August 13 - MD#8, ophthalmologist, MD#7, ophthalmologist, MD#2, anesthesiologist</p> <p style="padding-left: 40px;">November 19 - MD#8, ophthalmologist, MD#6, ophthalmologist</p> <p>6. Interview of employee #A1, Director, on 04-06-2016 at 10:45 am, confirmed all the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(3)(J)</p>			

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	<p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(J) A requirement that each physician's services, , dentist's services, and podiatrist's services are to be reviewed and analyzed at specified intervals at regular meetings, including, but not limited to, the following:</p> <p>(i) Appropriateness of diagnoses and treatments rendered related to a standard of care and anticipated or expected results.</p> <p>(ii) Performance evaluation based on clinical performance indicated in part by the results or outcome of surgical intervention.</p> <p>(iii) Scope and frequency of procedures.</p> <p>Based on document review and interview, the facility failed to include the scope and frequency of procedures as part of performance evaluations on physicians in 8 (MD#1, MD#2, MD#3, MD#4, MD#5, MD#6, MD#7 and MD#8) of 8 physician evaluations reviewed.</p> <p>Findings include:</p> <p>1. Review of documents entitled PEER REVIEW FOR ANESTHESIA, used for anesthesiologist performance evaluation, entitled Credentialing Evaluation</p>	S 0756	<p>As part of the performance evaluations of active medical staff, the scope and frequency for anesthesiologists will be submitted to the Quality Assurance Committee and for ophthalmologists to the Utilization/Peer Review committee This will be done quarterly and reported to the Medical Staff and Governing Body</p> <p>A Utilization/Peer Review committee meeting was held on January 26, 2016 and April 26, 2016 Scope and frequency were included in these meetings and a report for each ophthalmologist</p>	04/26/2016

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S 1152 Bldg. 00	<p>Form, for MD#1, MD#2 and MD#3, did not have any documentation for the scope and frequency of procedures as part the review.</p> <p>2. Review of documents entitled Utilization and Peer Review, used for ophthalmologist performance evaluation for MD#4, MD#5, MD#6, MD#7 and MD#8, did not have any documentation for the scope and frequency of procedures as part the review.</p> <p>3. Interview of employee #A1, Director, on 04-05 at 3:45 pm, confirmed all the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(3)(B)</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>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plan and equipment by qualified personnel as follows:</p>		<p>was submitted and attached to the minutes A Quality Assurance Committee meeting was held on February 4, 2016 and May 12, 2016 and scope and frequency were included for each anesthesiologist. A report was submitted and attached to the minutes The Director of Nursing is responsible for monitoring these reports</p>		

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	<p>(B) All mechanical equipment (pneumatic, electric, sterilizing, or other) 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 ensure performance of preventive maintenance (PM) in accordance with the manufacturer's recommendation for 2 (heating and air conditioning systems) of 4 pieces of mechanical equipment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 04-04-2016 at 9:45 am, employee #A1, Director, was requested to provide documentation of the PM for the heating, ventilation, air conditioning, emergency generator, smoke detector, and fire alarm systems. Review of documents indicated there was no documentation of PM for the heating and air conditioning systems. Interview of employee #A1, on 04-06-2016 at 3:20 pm, confirmed all the above and no other documentation was provided prior to exit. 	S 1152	Documentation of the preventive maintenance for the heating and air conditioning systems will continue to be completed and documented in accordance with the manufacturer's recommendation along with the other pieces of mechanical equipment in the Surgical Care Center This documentation will be filed in our maintenance and service binder in the Surgical Care Center as well as the maintenance binder provided by our building maintenance (VEI) The Director of Nursing is responsible for making sure this documentation is completed and filed appropriately	04/11/2016

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S 1154 Bldg. 00	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(3)(C)</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>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:</p> <p>(C) Operational and maintenance control records must be established and analyzed at least triennially. These records must be readily available on the premises. Based on document review and interview, the facility failed to document operational and maintenance control records having been analyzed at least triennially for 1 (emergency generator) of 6 systems of equipment.</p> <p>Findings include:</p> <p>1. On 04-04-2016 at 9:45 am, employee #A1, Director, was requested to provide documentation of the operational and maintenance control records for the heating, ventilation, air conditioning, emergency generator, smoke detector,</p>			S 1154	<p>The Surgical Care Center has contacted all service contractors who have agreed to provide appropriate records pertaining to equipment maintenance, repairs and electrical current leakage checks. This will be analyzed at least triennially and documents filed in our maintenance and service binder The Director of Nursing is responsible for obtaining these reports and filing them appropriately</p>		04/11/2016

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S 1164 Bldg. 00	<p>and fire alarm systems having been analyzed at least triennially to determine if the process used to conduct the preventive maintenance was current and in accordance with manufacturer's recommendations.</p> <p>2. Review of facility documents indicated there was no documentation for the emergency generator having been analyzed at least triennially to determine if the process used to conduct the preventive maintenance was current and in accordance with manufacturer's recommendations.</p> <p>3. Interview of employee #A1, on 04-06-2016 at 3:20 pm, confirmed there was no above-requested documentation. No other documentation was provided prior to exit.</p> <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</p>			

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	<p>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. Based on document review and interview, the facility failed to ensure a documented schedule to conduct preventive maintenance (PM) on 6 (Cardiac monitor, Defibrillator, Laser device, Overhead operating room lights, Patient stretcher and Wheelchair) of 10 pieces of patient care equipment in accordance with acceptable standards of practice or in accordance with the manufacturer's recommended maintenance schedule.</p> <p>Findings include:</p> <p>1. On 04-04-2016 at 9:45 am, employee #A1, Director, was requested to provide documentation of a schedule to conduct PM on the following 6 pieces of equipment, in accordance with acceptable standards of practice or in accordance with the manufacturer's recommended maintenance schedule:</p>	S 1164	<p>To correct this deficiency, all missing documentation was obtained from our preventive maintenance contractors and is filed in the Surgical Care Center Maintenance and Service Binder A Surgical Care Center employee has been appointment by the Director of Nursing to make sure this documentation is obtained in accordance with the manufacturer's recommend maintenance schedule and filed appropriately The Director of Nursing is responsible for making sure documentation is consistently filed in the Maintenance and Service binder</p>	04/11/2016			

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S 1166 Bldg. 00	<p>Cardiac monitor Defibrillator Laser device Overhead operating room lights Patient stretcher Wheelchair</p> <p>2. Interview of employee #A1 on 04-06-2016 at 3:20 pm, confirmed the facility was not able to provide documentation of a schedule to conduct PM on the above-stated 6 pieces of equipment, as requested, and no other documentation was provided prior to exit.</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</p>			

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S 1168 Bldg. 00	<p>care equipment. Based on document review and interview, the facility failed to provide evidence of preventive maintenance (PM) on 2 (suction/vacuum machine and a wheelchair) of 10 pieces of patient care equipment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 04-04-2016 at 9:45 am, employee #A1, Director, was requested to provide documentation of a schedule to conduct PM on 10 pieces of equipment. Review of the facility's PM reports indicated there was no documentation of PM for neither a suction/vacuum machine nor a wheelchair. Interview of employee #A1, Director, on 04-06-2016 at 3:20 pm, confirmed the above and no other documentation was provided prior to exit. <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(iii)</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</p>			S 1166	<p>It was determined that the required preventive maintenance was performed on the suction/vacuum machine and wheelchair; however, the documentation was missing. All missing documentation was obtained from our preventive maintenance contractors and is filed in the Surgical Care Center Maintenance and Service Binder A Surgical Care Center employee has been appointment by the Director of Nursing to make sure this documentation is obtained in accordance with the manufacturer's recommend maintenance schedule and filed appropriately. The Director of Nursing is responsible for making sure documentation is consistently filed in the Maintenance and Service binder</p>		04/11/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001011		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/06/2016	
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	<p>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>(iii) Appropriate records must be kept pertaining to equipment maintenance, repairs, and electrical current leakage checks and analyzed at least triennially.</p> <p>Based on document review and interview, the facility failed to document electrical current leakage checks for 1 (suction/vacuum pump) of 7 pieces of patient care equipment and failed to conduct triennial analysis of the procedures to conduct preventive maintenance (PM) for 3 (patient stretcher, suction/vacuum pump and a wheelchair) of 10 pieces of patient care equipment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 04-04-2016 at 9:45 am, employee #A1, Director, was requested to provide documentation of electrical current leakage checks for 7 pieces of patient care equipment. Review of facility documentation provided indicated there was no documentation of current electrical 	S 1168	The Surgical Care Center has contacted all service contractors who have agreed to provide appropriate records pertaining to equipment maintenance, repairs and electrical current leakage checks. This will be analyzed at least triennially and PM documentation filed in our maintenance and service binder. The Director of Nursing is responsible for obtaining these reports and filing them appropriately	04/11/2016			

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	<p>leakage checks for a suction/vacuum pump.</p> <p>3. Interview of employee #A1 on 04-06-2016 at 3:20 pm confirmed there was no documentation of current electrical leakage checks for a suction/vacuum pump and no other documentation was provided prior to exit.</p> <p>4. On 04-04-2016 at 9:45 am, employee #A1 was requested to provide documentation of a triennial analysis of the procedures to conduct PM for 10 pieces of patient care equipment:</p> <p>5. Review of facility documentation provided indicated there was no documentation of a triennial analysis of the procedures to conduct PM for a patient stretcher, suction/vacuum pump, and a wheelchair.</p> <p>6. Interview of employee #A1 on 04-06-2016 at 3:20 pm confirmed there was no documentation of a triennial analysis of the procedures to conduct PM for the patient stretcher, suction/vacuum pump, and a wheelchair, and no other documentation was provided prior to exit.</p>			

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S 1180 Bldg. 00	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(1)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(1) A review of safety functions by a committee appointed by the chief executive officer that includes representatives from administration and patient care services.</p> <p>Based on document review and interview, the facility failed to review safety functions by an appointed committee for calendar year 2015.</p> <p>Findings include:</p> <p>1. Review of POLICY NO, 8.081, entitled SAFETY PROGRAM, REVISION DATE 05/2015, indicated "The Safety Committee responsibilities shall include ... Conducting periodic safety assessments of the facility."</p> <p>2. On 04-04-2016 at 9:45 am, employee #A1, Director, was requested to provide documentation of a review by an appointed committee that reviewed the conducting of periodic safety assessments of the facility, and none was provided prior to exit.</p> <p>2. Interview of employee #A1 on</p>			S 1180	<p>A safety committee has been appointed by the CEO and includes representatives from administration and patient care services.</p> <p>Review of the Surgical Care Center safety functions will be a part of the quarterly safety committee meetings</p> <p>In conjunction with our building maintenance contractor (VEI), periodic safety assessments of the facility will be conducted</p> <p>Documentation of these assessments will be provided to the Surgical Care Safety Committee for review and any corrective action completed as deemed necessary</p> <p>The Surgical Care Center OSHA officer along with the Director of Nursing will be responsible for conducting the Safety Committee meetings and staff in-services</p>		04/11/2016

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S 1182 Bldg. 00	<p>04-06-2016 at 2:45 pm, confirmed all the above and no other documentation was provided prior to exit.</p> <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 follow its policy to conduct a periodic safety assessment in 1 instance for calendar year 2015.</p> <p>Findings include:</p> <p>1. Review of POLICY NO, 8.081, entitled SAFETY PROGRAM, REVISION DATE 05/2015, indicated "The Safety Committee responsibilities shall include ... Conducting periodic safety assessments of the facility."</p> <p>2. On 04-04-2016 at 9:45 am, employee #A1, Director, was requested to provide documentation of a periodic safety</p>	S 1182	<p>The Surgical Care Center Safety Committee shall be responsible for the evaluation and collection of information about hazards and safety practices center-wide In conjunction with our building maintenance contractor (VEI), periodic safety assessments of the facility will be conducted Documentation of these assessments will be provided to the Surgical Care Safety Committee for review and any corrective action completed as deemed necessary The Surgical Care Center OSHA officer along with the Director of Nursing are responsible for overseeing the Safety Committee</p>	04/11/2016

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S 1188 Bldg. 00	<p>assessment of the facility for calendar year 2015, and none was provided prior to exit.</p> <p>3. Interview of employee #A1 on 04-06-2016 at 2:45 pm, confirmed all the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(4)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(4) A written fire control plan that contains provisions for the following:</p> <p>(A) Prompt reporting of fires. (B) Extinguishing of fires. (C) Protection of patients, personnel, and guests. (D) Evacuation. (E) Cooperation with firefighting authorities. (F) Fire drills.</p> <p>Based on document review and interview, the facility failed to include in its written fire control plan a provision for cooperation with firefighters in 1 instance, and failed to conduct quarterly</p>	S 1188	The Surgical Care Center will cooperate with State and Local firefighting authorities. Our Emergency Preparedness Plan was edited to indicate this our willingness to cooperate with State and Local firefighting	04/11/2016

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	<p>fire drills for 1 of 4 quarters in calendar year 2015.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's fire control plan, last reviewed 05-14-2015, did not include a provision for cooperation with firefighters. 2. Interview of employee #A1, Director, on 04-05-2016 at 3:30 pm, confirmed the plan did not include a provision for cooperation with firefighters. 3. Review of fire drills for calendar year 2015, indicated there was no fire drill conducted in the 2nd quarter. 4. Interview of employee #A1, Director, on 04-06-2016 at 11:20 am, confirmed there was no second quarter fire drill and no further documentation was provided prior to exit. 		<p>authorities. Quarterly, audible, unannounced pull fire drills will be conducted These will be scheduled in advance by the Director of Nursing in coordination with our building maintenance company and fire alarm company to insure the pull signal is received These drills will be conducted on different days and at different times when the Surgical Care Center staff is present The Director of Nursing is responsible for conducting and documenting these quarterly fire drills</p>		