

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001100	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2015
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NAME OF PROVIDER OR SUPPLIER APAC SURGERY CENTER II LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11460 S BROADWAY CROWN POINT, IN 46307
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S 0000 Bldg. 00	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 002683</p> <p>Survey Date: 10/26/2015 & 10/27/2015</p> <p>QA: cjl 12/04/15</p>	S 0000		
S 1146 Bldg. 00	<p>410I AC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(2)</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>(2) No condition may be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on observation, document review and interview, the facility failed to ensure no condition was created or maintained that may result in a hazard to patients, visitors, and/or employees due to blanket warmer temperatures being above</p>	S 1146	<p>The blanket warmer temperature was turned down to low immediately during the survey when found to be out of range. The blanked warmer was empty at the time. Once refilled the temperature returned to normal range and stayed there. Clinical</p>	10/28/2015

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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	<p>acceptable temperature range for 1 of 1 facility area toured (Post Anesthesia Recovery Room [PACU]).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of documents, titled Blanket Warmer Log, revised/reapproved 3/19/14, indicated "Acceptable Temperature Range: Blanket Warmer: 120-140 degrees (F)" Fahrenheit. Blanket Warmer Logs for August-October, 2015 indicated blanket warmer temperatures were above 120-140 degrees Fahrenheit for all days of each month. 2. While on tour of PACU on 10/27/15, accompanied by P1 (Administrator), blanket warmer temperatures were above 120-140 degrees Fahrenheit. 3. In interview, on 10/27/15 at approximately 1320 hours, employee P1 confirmed the above-mentioned blanket warmers were set above the acceptable temperature range for the months indicated and the blankets are used for patients. 		<p>staff responsible for oversight were reminded to notify Administration as soon as an out of range temperature was noted. This was also addressed at the Surgical Center staff meeting to include all staff. The blanket warmer has not had an out of range temperature since the temperature was decreased. The Administrator will review and sign off on the logs monthly and this will be reported to the BOD quarterly</p>	