

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001162	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/20/2013
NAME OF PROVIDER OR SUPPLIER  AMERICAN HEALTH NETWORK			STREET ADDRESS, CITY, STATE, ZIP CODE 3631 N MORRISON RD STE 106 MUNCIE, IN 47304		
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 004964</p> <p>Survey Date: 6/19/2013 through 6/20/2013</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Saundra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 06/25/13</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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S000310	<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> <p>(1) All services, including services furnished by a contractor.</p> <p>Based on document review and staff interview, the facility failed to ensure 4 contracted services as part of its comprehensive quality assessment and improvement (QA&amp;I) program: Housekeeping, Pest Control, Maintenance, and Security.</p> <p>Findings included:</p> <p>1. Medical Quality Improvement Program (Last approved 7/27/2011) indicates all service with direct or indirect impact on patient care quality shall be reviewed under the quality improvement program. The Quality Assurance Committee shall coordinate all activities designed to promote and attain the objectives of the Quality Assurance Plan. The</p>	S000310	A quality improvement has been created to evaluate contracted services. The QI spells out that the maintenance technician will track all contracted services for the center and report to the patient care manager on a monthly basis. The maintenance technician will update the "preventative maintenance" binder and report to the patient care manager on a monthly basis. The patient care manager will be responsible to implement and monitor the evaluations of the contracted services.	07/24/2013			

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	<p>Quality Committee serves as the focal point for integration of the quality activities conducted in the Center. It shall receive sufficient information from all sectors related to patient care and its evaluation to permit intelligent deliberation and to achieve the objectives of the Quality Assurance Plan.</p> <p>2. The 4 Quality Assurance Committee meeting minutes in 2012 and 1 meeting that was held in 2013 did not evidence the following contracted services were monitored and evaluated as part of the facility's QAPI program: Housekeeping, Pest Control, Maintenance, and Security.</p> <p>3. The contracted services are the responsibility of the property management. An email was sent by the property management company to staff members #1 and #2. The emails sent for the previous 4 quarters stated the same documentation, "This e-mail is to serve as quarterly compliance</p>				

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	<p>letter. To the best of our knowledge, we are currently in compliance with all of the terms of the addendum to the Management Contract signed in 2009."</p> <p>4. At 3:00 PM on 6/19/2013, staff member #1 indicated the property management company has not been sending documented evidence to the surgery center routinely as required. The staff member confirmed the facility has not been monitoring and evaluating the services the property management company has been providing.</p>				

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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 staff interview, the facility failed to ensure discharge planning was made part of its comprehensive quality assessment and improvement (QA&amp;I) program.</p> <p>Findings included:</p> <p>1. Medical Quality Improvement Program (Last approved 7/27/2011) indicates all service with direct or indirect impact on patient care quality shall be reviewed under the quality improvement program. The Quality Assurance Committee shall coordinate all activities designed to</p>	S000320	A quality improvement report has been created to evaluate discharges from the surgery center. The QI states that the patient register has been completed in the past with the patient's condition on discharge from the facility. This log will continue to be used to state what the patient's condition was on discharge. Discharge has been added to the Tracking and Trending report that is reviewed and approved by all committees up to and including the Board. The information in the patient register will be used to complete the tracking and trending log on the compliance of the patients discharged according to policy and procedure. The patient care manager will be responsible to implement, monitor and collect the information to evaluate of the discharges of the	07/24/2013			

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	<p>promote and attain the objectives of the Quality Assurance Plan. The Quality Committee serves as the focal point for integration of the quality activities conducted in the Center. It shall receive sufficient information from all sectors related to patient care and its evaluation to permit intelligent deliberation and to achieve the objectives of the Quality Assurance Plan. QAPI conducts studies to evaluate the appropriateness of discharge practices.</p> <p>2. The 4 Quality Assurance Committee meeting minutes in 2012 and 1 meeting that was held in 2013 did not evidence the discharge planning was monitored and evaluated as part of the facility's QAPI program.</p> <p>3. The Quality Assessment program indicators were reviewed with staff member #1 at 1:00 AM on 6/19/2013. Discharge planning was not monitored or evaluated by the Quality Performance and</p>		surgery center.				

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	Improvement Committee. The staff member indicated the facility monitors transfers; however, did not realize discharge services also should be monitored.				

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S000432	<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 interview, observation, facility housekeeping guidelines, policy and procedure review, and meeting minutes review, the infection control committee failed to ensure the contracted housekeeping staff used the proper cleaning products and procedures when cleaning the operative areas.</p> <p>Findings included:</p> <p>1. The operations' manager of the contracted cleaning service, staff member #A3, was interviewed at 12:50 PM on 06/19/13. He/she indicated staff member #A10 was the primary person who cleaned the facility's operating rooms and staff member #A9 supervised and filled-in when needed. Staff member #A3 indicated the company used facility approved chemicals and knew they were</p>	S000432	The patient care manager met with the cleaning staff on 7-1-2013. The deficiencies were reviewed with the cleaning staff and education was provided on the importance of cleaning and infection control in the surgery center. The unapproved chemical has been removed from the surgery center. The "Daily Cleaning Maintenance Checklist" mentioned in the ISDH report was revised to include all of the expectations of the cleaning staff. The "Daily Cleaning Maintenance Checklist" includes, daily and quarterly cleaning expectations. The cleaning staff will initial the checklist after each task has been completed. The policies "Cleaning and Sanitation" and "Daily Room check Cleaning and Sanitation" has been revised to eliminate confusion on responsibilities of the cleaning service by the	07/24/2013	

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	<p>sprayed on and wiped off, but did not the manufacturer's recommended kill time. He/she indicated he/she observed the cleaning staff 2- 3 times per month.</p> <p>2. At 1:00 PM on 06/19/13, the infection control practitioner, staff member #A1 indicated he/she observed the contracted cleaning staff quarterly. He/she indicated the nursing staff performed operating room (OR) cleaning between cases and the contracted service performed terminal cleaning.</p> <p>3. During the tour of the surgical area at 9:15 AM on 06/20/13, accompanied by staff member #A1, PH7QUltra disinfectant and a spray bottle of Green Earth Daily disinfectant cleaner were observed in the housekeeping closet. The label on the PH7QUltra disinfectant listed the organisms it was effective against with a 10 minute kill time. The label on the spray bottle did not list any organisms or kill time.</p> <p>4. At 9:15 AM on 06/20/13, staff member #A1 indicated the PH7QUltra was used for mopping the floors of the OR and the spray bottle of disinfectant cleaner was used by the housekeeping staff for surfaces. He/she indicated he/she would obtain the information about the product.</p>		<p>contracted cleaning company. Random observations will be conducted by the Executive Director, Medical Director, Patient Care Manager or appointed surgery center staff member using the attached checklist. The observer will evaluate that the cleaning staff is using only approved chemicals and that the staff is leaving the chemical on all surfaces for the appropriate amount of time to ensure kill time is accurate.</p>				

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	<p>5. At 12:15 PM on 06/20/13, staff members #A1 and A2 were interviewed regarding the chemicals. They indicated they called the contracted cleaning service staff member #A9, who indicated the spray bottle was filled from the wall dispenser of PH7QUltra and was not the chemical on the label, Green Earth Daily. When additional information for that chemical was requested, another phone call was placed to staff member #A9, who now indicated the chemical in the bottle was indeed the Green Earth Daily which should not have been in that closet because it was not supposed to be used in the operating rooms.</p> <p>6. The "Daily Cleaning Maintenance Checklist" that was supposed to be initialed daily by the contracted housekeeping staff only listed two areas to be cleaned: 1. sinks, faucets thoroughly scrubbed and 2. wet mop with antibacterial solution.</p> <p>7. The facility policy "Cleaning and Sanitation", last revised 06/16/11, indicated, "The cleaning of the areas used for procedures shall be accomplished as follows: ...3. Daily, after completion of schedule: A. The procedure table, all ancillary tables and carts, counters and equipment are wiped with sani wipes. B.</p>						

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	<p>All floors are wet mopped with an antimicrobial solution. C. Walls and other furniture are spot cleaned, as needed. D. Sinks and faucets are thoroughly scrubbed. ...Daily housekeeping duties are performed by contracted staff. ...Contracted cleaning staff will use only center approved cleaning agents while cleaning the center."</p> <p>8. Review of the Infection Control Committee Meeting minutes indicated: A. On 05/16/11, a recommendation was made that random observations of the cleaning staff be performed by the Executive Director, Medical Officer, or Infection control Officer. B. Minutes indicated the last observation of the housekeeping staff was conducted in December 2012.</p> <p>9. At 1:00 PM on 06/20/13, staff member #A1 confirmed the last observation was December 2012 and confirmed the confusion with the chemicals and cleaning responsibilities.</p>				

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S001024	<p>410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6(3)(E)</p> <p>Pharmaceutical service must have the following:</p> <p>(3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following:</p> <p>(E) Drugs must be accurately and clearly labeled and stored in specially-designated, well-illuminated cabinets, closets, or storerooms and the following:</p> <p>Based on observation, interview, and policy review, the facility failed to ensure syringes of medication were labeled and stored according to policy and standard of practice.</p> <p>Findings included:</p> <p>1. During the tour of the surgical area at 9:00 AM on 06/20/13, accompanied by staff member #A1, the following observations were made:</p> <p>A. In the locked medication drawer in room B, 3 of 3 syringes, labeled "Versed 1 mg./ml." (milligram/milliliter), and 1 syringe, labeled "Fentanyl 50 mcg./ml." (microgram/milliliter), were observed in a plastic bin. Two partially filled syringes, labeled with patient names, were</p>	S001024	<p>The patient care manager met with the nursing staff on 6-27-2013. The patient care manager reviewed the deficiencies with the nursing staff and required the staff to read the policies "Medication Management" and "Medications, Procedure Room and Recovery Room". The staff read the policy, questions were answered and the patient care manager asked the staff to initial/sign the policies stating that they understood the policies. Education was provided to the staff about proper labeling of medications and cross contamination. Random checks will be conducted by the patient care manager to ensure policy and procedures are followed. Nursing staff that was not present at the 6-27-13 meeting will be asked to read and sign/initial the</p>	06/27/2013			

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	<p>observed stored in the plastic bin with the new, ready-for-use syringes.</p> <p>B. In the locked medication drawer in room A, 1 of 1 syringe, labeled "Versed 1 mg./ml." and 2 of 2 syringes labeled "Fentanyl 50 mcg./ml." were observed stored in a plastic bin. Two partially filled syringes, labeled with patient names, were also in the drawer, but not stored in the container with the new, unused syringes.</p> <p>2. At 9:10 AM on 06/20/13, staff member #A1 indicated the syringes labeled with patient names were used on cases that day and needed to be observed when wasted. He/she indicated the other syringes were drawn up to be used for cases that day. He/she confirmed the syringes were only labeled with the medication name and strength and indicated the used syringes should not be stored with the unused syringes.</p> <p>3. The facility policy "Medications, Procedure Room and Recovery Room", last reviewed 12/19/12, indicated, "3. All injectable medications drawn into syringes or oral medications removed from the packaging identified by the original manufacturer must be appropriately labeled if not administered immediately."</p>		same policies stated above on or before their next scheduled day.				

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	4. The facility policy "Medication Management", last reviewed 12/19/12, indicated, "All drug containers must have a label that includes the drug name, strength, directions for use, & expiration date. All drugs removed from the packaging containing the manufacturer's label (e.g., injectables drawn up into a syringe or oral medication) and not used immediately must be labeled with the patient's name, the drug, the strength, the dose & the route."			