

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001178	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/21/2014
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NAME OF PROVIDER OR SUPPLIER SAXONY SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 13100 EAST 136TH STREET STE 1100 FISHERS, IN 46037
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 012623</p> <p>Survey Date: 8/20-21/2014</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Saundra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 09/11/14</p>	S000000		
S000888	<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>			

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>(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 medical record review and interview, the facility failed to ensure accurate operative reports were written/dictated immediately following surgery for 3 of 5 pediatric patients who had surgery at the Center (N1, N3, and N4).</p> <p>Findings included:</p> <ol style="list-style-type: none"> The medical record for patient N1, a 4-year old who had surgery on 04/30/14, indicated a Post-Operative Record performed and signed by the physician at 0652 on 04/30/14. The intra-operative record indicated the procedure was started at 0804 and completed at 0820 on 04/30/14. The medical record for patient N3, a 3-year old who had surgery on 04/30/14, 	S000888	It is the responsibility of the Clinical Manager to assure that policies regarding operative reports are followed by the surgeons. This citation involved one specific surgeon. An email was sent to this surgeon with the copy of the policy on September 19, 2014. (attached) When this physician returns to do cases the clinical manager will observe his process and assure that policy is being followed. The Clinical Manager will assure that this policy is being adhered to by the remaining medical staff as well.	09/19/2014

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S001174	<p>indicated a Post-Operative Record performed and signed by the physician at 0646 on 04/30/14. The intra-operative record indicated the procedure was started at 0710 and completed at 0733 on 04/30/14.</p> <p>3. The medical record for patient N4, a 13-month old who had surgery on 06/18/14, indicated a Post-Operative Record performed and signed by the physician at 0651 on 06/18/14. The intra-operative record indicated the procedure was started at 0658 and completed at 0704 on 06/18/14.</p> <p>4. At 1:30 PM on 08/20/14, staff member A4, an RN (Registered Nurse), who navigated the EMR (Electronic Medical Record), confirmed documentation in the medical records indicated the immediate post-op notes were documented prior to the procedures.</p> <p>5. At 4:00 PM on 08/21/14, staff members A1, the Clinical Manager, and A2, the Center Director, also confirmed documentation indicated the immediate post-op notes were documented prior to the procedures.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE,</p>			

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	<p>410 IAC 15-2.5-7(b)(5)(A)</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>(5) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following:</p> <p>(A) Environmental services must be provided in such a way as to guard against transmission of disease to patients, health care workers, the public, and visitors by using the current principles of the following:</p> <p>(i) Asepsis. (ii) Cross-contamination prevention. (iii) Safe practice.</p> <p>Based on policy review, contracted cleaning personnel file review, document review, and interview, the infection control committee failed to ensure environmental services were provided to ensure the safety and well-being of the patients treated in the facility.</p> <p>Findings included:</p> <p>1. The facility policy "Environmental Cleaning in the Ambulatory Surgery Center", last reviewed February 2012,</p>	S001174	It is the responsibility of the Clinical Manager along with the Infection Control Committee of the Center to assure that Environmental Services employees receive the proper orientation to the ASC, specific chemical information, and specific cleaning instructions for the operating rooms. On 9/4/14 the Committee met with the Environmental Services employees and presented the attached power point presentation. To assure the cleaning staff are complying with	09/08/2014			

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	<p>indicated, "F. Terminal Cleaning: 1. Surgical and invasive procedure rooms and scrub/utility areas must be terminally cleaned daily. 2. Terminal cleaning is performed by a contracted vendor. 3. Terminal cleaning process for surgical and invasive procedure rooms includes, but is not limited to: a. Adherence to procedures identified for room turnover cleaning. b. Disassembly of surgical room bed to allow for complete cleaning and disinfection of all parts and pieces. c. High dusting of all horizontal surfaces. d. Removal of all floor debris. e. Floor must be wet-mopped with an EPA-registered approved disinfectant. 4. Scrub sinks must be cleaned and disinfected daily with an EPA-registered disinfectant. 5. Waste management systems will be emptied and cleaned according to manufacturer's recommended guidelines. 6. All areas and equipment in the ASC should be cleaned according to an established schedule."</p> <p>2. Review of the employee files for staff members H1 and H2 indicated Orientation Check Sheets, dated 08/12/14, with each employee's name listed as both the "Employee" and the "Supervisor". The check-off sheet lacked documentation of specific site orientation, specific chemical</p>		<p>the ASC's policy, a tracer tool was developed for each area of the center. It is the responsibility of the Clinical Manager to assure that the Infection Control committee observes the cleaning staff on a monthly basis. This was done on 9/8/14. (See attached)</p>				

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	<p>information, or specific operating room cleaning.</p> <p>3. At 3:40 PM on 08/20/14, the cleaning service was discussed with the Clinical Manager, A1, and one of the Infection Control nurses, A3, who indicated a new service just started on 08/18/14. Staff member A1 indicated he/she reviewed the Center's requirements with the manager of the company, but not with the actual individuals who cleaned. Both staff members indicated the Center staff never stayed to observe any of the contracted cleaning staff to determine adherence to facility policy. Staff member A1 provided a check-off form that was completed nightly by the contracted staff that indicated, "This is to ensure the task has been completed and the appropriate level of terminal cleaning and disinfecting has taken place by those involved in the cleaning process." Both staff members confirmed this could not really be determined without orientation and observation.</p>						