

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001101	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/24/2015
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NAME OF PROVIDER OR SUPPLIER  BLOOMINGTON ENDOSCOPY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 550 LANDMARK AVE BLOOMINGTON, IN 47402
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S 000  Bldg. 00	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 002674</p> <p>Dates: 02-23-15 TO 02-24-15</p> <p>Surveyors: Trisha Goodwin, RN BS Public Health Nurse Surveyor</p> <p>Nancy Otten, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 03/18/15</p> <p>IDR Meeting on 04-16-15; Tag S320 revised &amp; Tag S400 deleted. JL.</p>	S 000		
S 122  Bldg. 00	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (b)(3)</p> <p>The governing body shall do the following:</p> <p>(3) Ensure that the medical staff has approved bylaws and rules, and that the bylaws and rules are reviewed and approved at least triennially by the</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>governing body. Based on document review and interview, the governing body (GB) failed to ensure that the medical staff had reviewed and approved bylaws and rules triennially.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of GB Bylaws in Article II 2.2B indicated a purpose of the Board of Directors to: Implement and enforce all Bylaws; Rules and Regulations; and Policies and Procedures. These GB Bylaws were last reviewed/approved by the GB 4/22/14.</li> <li>2. Review of the medical staff (MS) Professional Staff Bylaws and Rules Article XI 11.2C (13) indicated the following as a duty of the Quality Assurance Committee: To annually recommend to the Board of Directors any revisions, updates, or reviews made to the Professional Staff Bylaws and Center Polices. In Article XIV Rules and Regulations 14.1: The Professional Staff shall adopt Rules and Regulations...The shall be subject to approval by the Board of Directors. These Bylaws were last indicated reviewed 11/11.</li> <li>3. Review of GB meeting minutes dated 4/22/14, 8/7/14, 11/11/14, and 1/20/15</li> </ol>	S 122	Medical staff by laws will be reviewed and approved at our next QA/professional staff meeting on 04/16/15 and the board of managers will meet to approve on 04/21/15.	04/16/2015

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S 153 Bldg. 00	<p>lacked evidence of GB approval of MS Bylaws or Rules.</p> <p>4. On 2/24/15 at 1:45pm, A1, administrator, indicated the MS had not reviewed/approved Bylaws and Rules triennially and GB had not addressed the MS Bylaws and Rules within the last 3 years.</p> <p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(c) (5) (C)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(C) Orientation of all new employees, including contract and agency personnel, to applicable center and personnel policies.</p> <p>Based on document review and interview, the Chief Executive Officer (CEO) failed to ensure orientation for 3 of 3 contracted employees (P1, P3, &amp; P4).</p> <p>Findings:</p> <p>1. Review of the document titled Agreement for Services indicated the following services to be provided per this contract arrangement: Records Administration, Housekeeping,</p>	S 153	I showed the surveyor the contract for the pharmacist and I will attach for you to see. See exhibit A. We have had the same contracted employees for the last several years so there is no document to prove they were ever oriented except that all of our patient outcomes are excellent and I obviously oriented them to the center at least 10 years ago. We did show the surveyors proof that we orient all new housekeeping staff as they come on board and do annual in-servicing, but other	03/24/2015

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S 320 Bldg. 00	<p>Maintenance... In the section titled Personnel, the following was indicated: The necessary files, documentation, and records will be kept by the center. Initial orientation and review of benefits will be conducted by the contractor. The contract was indicated to have entered into on 10/6/03.</p> <p>2. Review of the contract documents lacked documentation of a contract between the center and the consultant pharmacist.</p> <p>3. Review of personnel file information for contracted staff P1, P3, &amp; P4 lacked documentation of orientation to center policies.</p> <p>3. On 2/23/15 at 1:00pm A1, administrator, indicated, per contract agreement, personnel files were not kept by the center for contracted employees. No documentation of orientation was provided prior to exit.</p> <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</p>		<p>than housekeeping staff we have not had any turnover. Seems silly to go around and have all my contracted services sign that they were oriented when they have been doing it for 10 years. Please remove deficiency. See attached orientation form and the next time a contracted employee enters BEC that form will be completed and kept on file. A new form will be completed if the contracted service is changed to a different company or person within that company.</p>	

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S 732  Bldg. 00	<p>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 quality assurance and performance improvement committee (QAPI) failed to include the 1 function of response to patient emergency in evaluation.</p> <p>Findings:</p> <p>1. Review of QAPI reports for 2014 lacked documentation demonstrating that evaluation for review of patient emergencies was completed.</p> <p>2. On 2/25/15 at 11:45am A1, administrator, confirmed the above and no further documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL</p>	S 320	Please see attached dashboard which I showed the surveyor. I have highlighted areas that address patient emergencies. She just didn't understand that this was a QA monitor for pt. emergencies. and wanted a policy. I showed her several policies that I have for all sorts of emergencies. See exhibit B and please remove deficiency.	03/24/2015	

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410	<p>IAC 15-2.5-4(b)(2)</p> <p>These bylaws and rules must be as follows:</p> <p>(2) Be reviewed at least triennially. Based on document review and interview, the medical staff (MS) failed to ensure annual review of their bylaws and rules according to the bylaws within the past 3 years.</p> <p>Findings:</p> <p>1. Review of the medical staff (MS) Professional Staff Bylaws and Rules Article XI 11.2C (13) indicated the following as a duty of the Quality Assurance Committee: To annually recommend to the Board of Directors any revisions, updates, or reviews made to the Professional Staff Bylaws and Center Polices. In Article XIV Rules and Regulations 14.1: The Professional Staff shall adopt Rules and Regulations...The shall be subject to approval by the Board of Directors. These Bylaws were last indicated reviewed 11/11.</p> <p>2. Review of documents titled Center Quality Assurance/Operating Committee Minutes, indicated by A1, administrator, as MS and QAPI meeting minutes combined; dated 4/15/14, 7/16/14, 10/14/14 and 1/14/15 lacked</p>	S 732	<p>Medical staff by laws will be reviewed and approved at our next QA/professional staff meeting on 04/16/15 and the board of managers will approve the following week.</p>	04/16/2015

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	documentation of MS Bylaws or Rules review.  3. On 2/24/15 at 1:45pm, A1, administrator, indicated the MS had not reviewed/approved Bylaws and Rules within the last 3 years.				