

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/19/2014
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN SURGERY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5255 E STOP 11 ROAD, SUITE 100 INDIANAPOLIS, IN 46237
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Q000000	<p>This visit was for a re-certification survey.</p> <p>Facility Number: 003217</p> <p>Survey Date: 1-17/19-2014</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Marcia Anness, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 12/15/14</p>	Q000000		
Q000162	<p>416.47(b) FORM AND CONTENT OF RECORD The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:</p> <p>(1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies</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>(entered before surgery), if performed.</p> <p>(4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body.</p> <p>(5) Any allergies and abnormal drug reactions.</p> <p>(6) Entries related to anesthesia administration.</p> <p>(7) Documentation of properly executed informed patient consent.</p> <p>(8) Discharge diagnosis.</p> <p>Based on policy review, medical record review and interview, the facility failed to ensure complete medical records in 2 of 3 transfer patients and 3 of 27 discharged patients medical records reviewed.</p> <p>Findings:</p> <p>1. Review of policy and procedure, PC 114 "Transfer of Patients to an Acute Care Facility" last revised on 7-25-11 indicated: Under B. 3. - The attending physician will write an order in the patient's medical record ordering the transfer and identifying the receiving hospital.</p> <p>2. Review of policy and procedure, PC 158 "Discharge Criteria from Facility (ACS) last revised on 3/2012 indicated: Under "Policy" - The anesthesiologist or attending physician writes the discharge order.</p>	0000162	Staff will be educated to ensure that orders for a transfer are documented and within the medical record. Staff will be educated to ensure that discharge orders are written/documented and within the medical record. In order to prevent these deficiencies from happening in the future, we will include these as tracking metrics for our ACE/Quality Program to ensure compliance. The Administrator, Director of Nursing and Medical Director will be responsible for these tasks.	12/30/2014

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Q000241	<p>3. Medical record review indicated the following:</p> <p>a. There was no evidence of transfer orders in medical records # 1 and 3.</p> <p>b. There was no evidence of discharge orders in medical records # 13, 18 and 22.</p> <p>4. At 11:00 am on 11-19-14, staff member # 2 (Director of Nursing) verified that transfer orders and discharge orders were not on the above medical records.</p> <p>416.51(a) SANITARY ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.</p> <p>Based on facility document review and interview, the facility failed to ensure appropriate monitoring of contracted housekeeping services to maintain a sanitary environment.</p> <p>Findings:</p> <p>1. Review of quarterly quality assurance reports completed by the contracted housekeeping service did not provide evidence of inspections of the</p>	O000241	The Q/A Housekeeping Audit was revised to reflect the direct observation of pre/post rooms as well as operating rooms by an FSC employee. Additionally, the contracted cleaning company was asked to add to their sheet, an area stating that these functions were directly observed/inspected. These actions/monitoring will resolve and prevent the deficiency from occurring moving forward. These tasks will be the responsibility of the Director of	12/22/2014

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S000000	<p>pre-operative, recovery room or operating rooms.</p> <p>2. At 10:45 AM on 11-19-14, staff member #2, person responsible for infection control, verified that there is no documentation showing the contracted environmental services were cleaning appropriately.</p> <p>This visit was for a State licensure survey.</p> <p>Facility Number: 003217</p> <p>Survey Date: 1-17/19-2014</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Marcia Anness, RN Public Health Nurse Surveyor</p>	S000000	Nursing, Infection Control and the Administrator.		

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S000432	<p>QA: cloughlin 12/15/14</p> <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 facility document review and interview, the facility failed to ensure appropriate monitoring of contracted housekeeping services to maintain a sanitary environment.</p> <p>Findings: 1. Review of quarterly quality assurance reports completed by the contracted housekeeping service did not provide</p>	S000432	The Q/A Housekeeping Audit was revised to reflect the direct observation of pre/post rooms as well as operating rooms by an FSC employee. Additionally, the contracted cleaning company was asked to add to their sheet, an area stating that these functions were directly observed/inspected. These actions/monitoring will resolve and prevent the deficiency from occurring moving	12/22/2014

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S000640	<p>evidence of inspections of the pre-operative, recovery room or operating rooms.</p> <p>2. At 10:45 AM on 11-19-14, staff member #2, person responsible for infection control, verified that there is no documentation showing the contracted environmental services were cleaning appropriately.</p> <p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(e)(1)</p> <p>(e) All entries in the medical record must be as follows:</p> <p>(1) Legible and complete. Based on policy review, medical record review and interview, the facility failed to ensure complete medical records in 2 of 3 transfer patients and 3 of 27 discharged patients medical records reviewed.</p> <p>Findings:</p>	S000640	<p>forward. These tasks will be the responsibility of the Director of Nursing, Infection Control and the Administrator.</p> <p>Staff will be educated to ensure that orders for a transfer are documented and within the medical record. Staff will be educated to ensure that discharge orders are written/documentated and within the medical record. In order to prevent these deficiencies from</p>	12/30/2014

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	<p>1. Review of policy and procedure, PC 114 "Transfer of Patients to an Acute Care Facility" last revised on 7-25-11 indicated: Under B. 3. - The attending physician will write an order in the patient's medical record ordering the transfer and identifying the receiving hospital.</p> <p>2. Review of policy and procedure, PC 158 "Discharge Criteria from Facility (ACS)" last revised on 3/2012 indicated: Under "Policy" - The anesthesiologist or attending physician writes the discharge order.</p> <p>3. Medical record review indicated the following: a. There was no evidence of transfer orders in medical records # 1 and 3. b. There was no evidence of discharge orders in medical records # 13, 18 and 22.</p> <p>4. At 11:00 am on 11-19-14, staff member # 2 (Director of Nursing) verified that transfer orders and discharge orders were not on the above medical records.</p>		<p>happening in the future, we will include these as tracking metrics for our ACE/Quality Program to ensure compliance. The Administrator, Director of Nursing and Medical Director will be responsible for these tasks.</p>		

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S000826	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(c)(1)(E)</p> <p>The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:</p> <p>(E) Safety training required of personnel. Based on interview, the facility failed to ensure a written policy and procedure for safety training required of personnel for areas where anesthesia procedures were performed.</p> <p>Findings:</p> <p>1. On 11-17-14 at 10:00 am, employee #A1 was requested to provide documentation of a written policy and procedure for safety training required of personnel for areas where anesthesia procedures were performed.</p> <p>2. In interview, on 11-19-2014 at 1:25 pm, employee #A1 indicated there was no written policy and procedure for safety training required of personnel for areas where anesthesia procedures were performed and no other documentation was provided prior to exit.</p>	S000826	The Safety Policy was revised to reflect proper policies and procedures for safety training required of personnel as attached. This policy will be accepted by the Board of Managers on 1/26/14. This will resolve and prevent this deficiency from happening again. The Administrator will be responsible for ensuring this is completed.	01/26/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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