

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001164	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/19/2012
NAME OF PROVIDER OR SUPPLIER LAPORTE MEDICAL GROUP SURGICAL CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 900 I STREET, SUITE 1 LA PORTE, IN 46350		
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S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 011718</p> <p>Survey Date: 12/18/2012 & 12/19/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 01/24/13</p>	S0000			

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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S0154	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (D)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(D) Ensuring that all health care workers, including contract and agency personnel, for whom a license, registration, or certification is required, maintain current license, registration, or certification and keep documentation of same so that it can be made available upon request. Based on policy and procedure review, document review, and personnel interview the chief executive officer failed to ensure ACLS (Advanced Cardiac Life Support) certification was maintained in accordance with facility policy for all health care workers who provide direct patient care for 3 of 7 (P2, P3, and P5) personnel files reviewed.</p> <p>Findings:</p> <p>1. Policy No. HRJI.01, re-approved on 11/28/11, titled, "Employee File Policy" was reviewed on 12/18/12 at approximately 1:13 PM and indicated on pg. 1, point 3., "Contents of the Employee Personnel File are as follows...Copy of current BLS (Basic Life Support)/ACLS</p>	S0154	<p>La Porte Medical Group Surgical Center shall ensure ACLS certification is maintained for applicable personnel according to policy ADMI.09 Staffing Policies- Peri-operative Care Units and policy PMAN.05 Sedation Analgesia Competency. Procedure for implementing: Policy HRJI.01 Employee File Policy was revised to state the following: Copy of current BLS, copy of current ACLS, if applicable and copy of PALS if applicable. Policy HRJI.27 Staff Nurse was revised to state the following: Maintains current BLS, Maintains current ACLS, if applicable, Maintains current PALS, if applicable All registered nurses assigned in the PACU area and all registered nurses that administer conscious sedation were identified. The</p>	02/06/2013	

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	<p>certificate."</p> <p>2. Policy No. HRJI.27, re-approved on 11/28/11, titled, "Staff Nurse" was reviewed on 12/18/12 at approximately 1:13 PM and indicated on pg. 2, point 10., "Maintains CPR (Cardiopulmonary Resuscitation)/ACLS certification."</p> <p>3. Policy titled, "Nurse Manager", re-approved on 11/28/11, was reviewed on 12/18/12 at approximately 1:13 PM and indicated on pg. 2, point 11., "Monitors licensure of professional nursing personnel, CPR (Cardiopulmonary Resuscitation), BLS, ACLS, and PALS (Pediatric Life Support) status."</p> <p>4. Review of personnel files on 12/18/12 at 12:13 PM, indicated: A. P2, P3, and P5 are Registered Nurses and/or Nurse Manager, and provide direct patient care. They were lacking documentation of current ACLS certification. The certification expired 8/2012 for P2 and 6/2012 for P3. P5 lacked documentation of ACLS certification.</p> <p>5. Personnel P5 was interviewed on 12/18/12 at approximately 12:57 PM and confirmed the above-mentioned personnel are Registered Nurses and/or Nurse</p>		<p>identified registered nurses must maintain ACLS certification. The Nurse Manager will assign duties as applicable to the registered nurse that does not maintain ACLS certification. The identified personnel will receive ACLS certification by 02/06/2013. The registered nurse with an expired ACLS may work in PACU until certification is achieved, if at least one registered nurse with ACLS is staffed in the PACU area, according to ASPAN standard (American Society of Perianesthesia Nurses) and policy ADMI.09 Staffing Policies-Peri-operative Care Units. The registered nurse with an expired ACLS may not administer conscious sedation. The clinical staff was educated to the policy changes and the importance of maintaining ACLS as a requirement of their job duties. The revised policies will be reviewed by the QAPI Committee for recommendation of approval and submitted to the Board of Managers for approval. Monitoring: The Nurse Manager will monitor ACLS certification compliance on a monthly basis. All data will be reported to the Quality Assurance Performance Improvement Committee (QAPI). The QAPI Committee will submit all findings to the Board of Managers. This is an ongoing process improvement. Responsibility: The Administrator is responsible for the oversight of</p>				

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	Manager and provide direct patient care. They all lacked documentation of current ACLS certification.		this process.		

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S0166	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (I)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(I) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>Based on document review and staff interview, the chief executive office failed to develop a policy related to the storage, procurement, and/or monitoring of high-alert/high-risk medications.</p> <p>Findings:</p> <p>1. Policy No. PMME.001, re-approved on 11/28/11, titled, "Medication Management" was reviewed on 12/18/12 at approximately 1:13 PM and indicated on pg:</p> <p>A. 1, under Policy section, "The facility shall manage high-risk or high-alert medications. The management process shall include a list of high-alert/high-risk medications and the process for procuring, storing, ordering, transcribing, preparing, dispensing, administering, and/or monitoring identified medications." This policy lacked documentation of the process for</p>	S0166	<p>La Porte Medical Group Surgical Center shall maintain policy PMME.23 High Alert Medication related to storage, procurement and/or monitoring of high alert medications. Procedure for implementing: Policy PMME.001 Medication Management was revised to reference policy PMME.23 High Alert Medication. The Formulary was vetted against ISMP (Institute of Safe Medical Practices) High Alert Medication List. All high alert medications within the facility were highlighted. The medication storage bins with high alert meds were identified with a red sticker. Clinical Staff were educated to policy PMME.001 Medication Management, PMME.23 High Alert Medication, and the Formulary. The High Alert Medication List was posted in the med area located at the nursing station. The Pharmacy Consultant will review the revised policy and make a recommendation of approval to both the QAPI</p>	02/19/2013			

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	<p>procuring, storing, ordering, transcribing, preparing, dispensing, administering, and/or monitoring high-risk or high-alert medications.</p> <p>B. 8, under High Risk Medications section, "Monitoring for high-risk or high-alert drugs on the Formulary shall include the following: See Formulary." The Formulary lacked documentation of how these medications shall be monitored.</p> <p>2. Personnel P5 was interviewed on 12/18/12 at approximately 12:57 PM and confirmed a lack of policy related to the process for procuring, storing, ordering, transcribing, preparing, dispensing, administering, and/or monitoring high-risk or high-alert medications.</p>		<p>Committee and Board of Managers. The QAPI Committee will review PMME.001 Medication Management and PMME.23 High Alert Medication for recommendation of approval to the Board of Managers. The Board of Managers will approve by 02/19/2013The Nurse Manager will monitor for compliance with policy PMME.23 High Alert Medications on a monthly basis. This is an ongoing performance improvement indicator. All data will be submitted to both the QAPI Committee and Board of Managers. Responsibility The Nurse Manager is responsible for the over sight of this process.</p>				