

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001055	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2012
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NAME OF PROVIDER OR SUPPLIER CENTRAL INDIANA SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9002 N MERIDIAN LOWER LEVEL INDIANAPOLIS, IN 46260
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S0000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 008655</p> <p>Survey Date: 5-21/23-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 06/20/12</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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S0300	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)</p> <p>(a) The center must develop, implement, and maintain an effective, organized, center-wide, comprehensive quality assessment and improvement program in which all areas of the center participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>Based on document review and interview, the facility failed to develop an on-going quality assessment and performance improvement (QAPI) program.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the facility's QAPI program indicated there was only annual reporting of internal radiology monitors, standards and outcomes. 2. Upon interview, on 5-22-12 at 3:50 pm, employee #A1 indicated the internal radiology activities occurred many times throughout the year. 3. Thus, the on-going radiology activity was not monitored and reported in an on-going manner. 	S0300	The internal radiology monitors, standards and outcomes which are performed on an ongoing basis will be reported on a quarterly basis through our QA program. Our next Governing Board Meeting will be on July 23, 2012 and a formal reporting will be completed at that time by the Director of Nursing. The Director of Nursing discussed this with all Board members individually between May 25th and 29th 2012. As a part of our QA program, it has been noted that this now a minimum quarterly reporting and therefore will not be recurring in the future.	05/29/2012			

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S0414	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(1)</p> <p>(f) The center shall establish a committee to monitor and guide the infection control program in the center as follows:</p> <p>(1) The infection control committee shall be a center or medical staff committee, that meets at least quarterly, with membership that includes, but is not limited to, the following:</p> <p>(A) The person directly responsible for management of the infection surveillance, prevention, and control program as established in subsection (d).</p> <p>(B) A representative from the medical staff.</p> <p>(C) A representative from the nursing staff.</p> <p>(D) Consultants from other appropriate services within the center as needed.</p> <p>Based on document review and interview, the facility failed to ensure that the infection control committee had membership that included a representative from the medical staff.</p> <p>Findings include:</p> <p>1. Review of the Infection Control Committee minutes for 04-20-11, 09-06-11, 11-15-11 and 01-18-12 lacked</p>	S0414	<p>Dr. Price, our Medical Director, was notified of this deficiency and he agreed to sit on this committee. Dr. Price met with the Infection Preventionist and Director of Nursing on June 5, 2012 to discuss his role on the committee. The infection committee will meet for a regular scheduled meeting on July 17, 2012 and the Director of Nursing will be responsible for arranging the meetings around Dr. Price's schedule. Since the committee</p>	06/05/2012

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	<p>documentation that a representative from the medical staff attended.</p> <p>2. On 05-22-12 at 0855 hours, staff #41 confirmed that no one from the medical staff attends the Infection Control Committee meetings.</p>		<p>meeting will be scheduled around Dr. Price's schedule and the Dr. is aware of his need for attendance, the combination of these will prevent the deficiency from reoccurring.</p>		

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S0888	<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> <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 document review and interview, the facility failed to ensure that operative reports were dictated in accordance with center policy and governing body approval for 5 of 30 medical records (MR) reviewed (Patient #9, 17, 18, 19 and 22).</p> <p>Findings include:</p> <p>1. Review of patient #9, 17, 18, 19 and 22's MRs indicated the Operative Reports were dictated by staff #50, a certified surgical tech (CST).</p>	S0888	<p>Staff member #50 is no longer dictating Operative Reports as of May 29, 2012. Staff member #50 has added dictation of the Operative Reports to her delineation of privileges during her recertification process during the month of June. On June 20, 2012, the Medical Director has granted her temporary privileges until the Governing Board Meeting on July 23, 2012. These privileges if accepted by the Governing Board will be for dictation of Operative Reports in cases of which she was directly involved. The Director of Nursing will monitor for compliance of these privileges</p>	06/20/2012			

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	<p>2. On 05-23-12 at 1100 hours, staff #41 confirmed that staff #50 had not been granted privileges to dictate Operative Reports.</p> <p>3. On 05-23-12 at 1225 hours, staff #40 confirmed that the Medical Staff Bylaws and or Medical Staff Policies did not address non physicians dictating operative reports for physicians.</p>		<p>and to insure the prevention of this deficiency in the future. Response update: The Governing Board met last evening July 23, 2012. The Governing Board has agreed to revise the Policy 2.02 Rules and Regulations of the Medical Staff (Medical Records Requirements) to state: B) Operative reports may be dictated by a third party as long as they reports are authenticated by the surgeon. This policy was revised at the meeting and approved by the Board 7/23/12. These dication practices will be monitored by the Director of Nursing, Michelle Mills RN.</p>	