

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001013	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2013
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NAME OF PROVIDER OR SUPPLIER AMBULATORY SURGERY CENTER AT THE INDIANA EYE CLIN	STREET ADDRESS, CITY, STATE, ZIP CODE 30 N EMERSON AVE GREENWOOD, IN 46143
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 005394</p> <p>Survey Date: 10-7/9-13</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 10/25/13</p>	S000000		

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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S000110	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (a)(5)</p> <p>The governing body shall do the following:</p> <p>(5) Review, at least quarterly, reports of management operations, including, but not limited to, quality assessment and improvement program, patient services provided, results attained, recommendations made, actions taken, and follow-up.</p> <p>Based on document review, the facility's governing board failed to review reports of the quality assessment performance improvement (QAPI) program for 1 of 4 quarters in calendar year 2012.</p> <p>Findings:</p> <p>1. Review of the governing board meeting minutes for calendar year 2012 indicated the governing board reviewed quality performance improvement (QAPI) activities on March 27, June 26 and July 31 (quarters 1, 2, and 3).</p> <p>2. In interview, on 10-8-13 at 2:05 pm, employee #A1 confirmed there was no governing board review of QAPI activities during the fourth quarter of calendar year 2012 and no other documentation was provided prior to exit.</p>	S000110	<p>The governing board meeting minutes template will be revised to include QAPI reports review in every governing board meeting. The deficient practice will be prevented by the above correction. The ASC Administrator will be responsible for revising the minutes template and for monitoring governing body meeting minutes for review of QAPI reports each quarter.</p>	11/22/2013			

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S000432	<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 document review and interview, the facility failed to follow manufacturer recommendations for cleaning diamond blades.</p> <p>Findings include:</p> <p>1. Review of the manufacturer's recommendations for the Opti-Kleen Blade Cleaning System indicated the following: "At the beginning of each surgical day set up a new disposable cleaning tray..."</p> <p>2. On 10-08-13 at 1032 hours, staff #49 confirmed that the Opti-Kleen Blade Cleaning System trays are used for 2-3</p>	S000432	<p>This deficiency will be corrected and prevented by opening a new Opti-Kleen Blade Cleaning System at the beginning of each surgery day and discarding the cleaning system at the end of the day. The ASC Administrator will be responsible for educating all staff regarding the requirement to use a new cleaning system each surgery day. The deficiency was corrected as soon as the surveyor brought the non-compliance to our attention. The ASC Administrator will monitor the correct use of the Opti-Kleen System.</p>	10/10/2013
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S000862	<p>surgery days before discarding.</p> <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(d)(2)(C)</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>(C) A provision for the following equipment and supplies to be available to the surgical and recovery areas:</p> <p>(i) Emergency call system. (ii) Oxygen. (iii) Resuscitation equipment. (iv) Defibrillator. (v) Cardiac monitors. (vi) Tracheostomy set. (vii) Oximeter. (viii) Suction equipment. (ix) Other supplies and equipment specified by the medical staff.</p> <p>Based on interview, the facility failed to ensure a provision for required emergency call system equipment.</p> <p>Findings:</p> <p>1. In interview, on 10-8-13 at 4:20 pm, employee #A1 indicated the facility had</p>	S000862	This deficiency will be corrected by implementing the use of an emergency call system comprised of an overhead paging system. Paging can be done by accessing the phones in Pre-Op area, Post-Op area, Operating Rooms, as well as the reception area. This covers all patient care areas in the ASC. If anyone	10/18/2013

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S000908	<p>no provision for required emergency call system equipment.</p> <p>410 IAC 15-2.5-5 PATIENT CARE SERVICES 410 IAC 15-2.5-5(a)(3)</p> <p>(a) Patient care services must require the following:</p> <p>(3) That a registered nurse serves as head nurse supervising patient care services personnel.</p> <p>Based on document review, observation and interview, the registered nurse supervising patient care personnel failed to ensure that patient care personnel followed established policy / procedure for recovery room protocol for 2 of 30 medical records (MR) reviewed (Patient #1 & 23).</p> <p>Findings include:</p> <p>1. Review of policy / procedure 5.20, Postoperative Recovery Room Protocol, indicated the following; "2. Obtain blood pressure & pulse: post procedure x 1 if patient received oral valium." This policy / procedure was last reviewed / revised on 12-13-11.</p>	S000908	<p>needs assistance for delivery of emergency care to patients, the entire ASC will be alerted by overhead paging. The ASC Administrator is the responsible person to implement and monitor the emergency call system and educate employees on the use of the system.</p> <p>This deficiency was corrected immediately after the surveyor brought this non-compliance to our attention. All medical record forms have been revised to include an area to document post-operative blood pressure and pulse for patients who have received oral valium. The ASC Administrator is the responsible person to implement and monitor this documentation deficiency by educating all staff and revision of medical record forms.</p>	10/18/2013			

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	<p>2. During the facility tour on 10-08-13 at 0830 hours, patient #1 was observed being administered valium po. After patient #1's procedure, the recovery staff was observed and did not take the patient's blood pressure and pulse during recovery.</p> <p>3. Review of patient #1's MR indicated the patient was administered valium 10 mg PO preoperatively on 10-08-13 at 0830 hours. The MR lacked documentation of the blood pressure and pulse being taken during the recovery phase.</p> <p>4. Review of patient #23's MR indicated the patient was administered valium 5 mg PO preoperatively on 05-13-13 at 1015 hours. The MR lacked documentation of the blood pressure and pulse being taken during the recovery phase.</p> <p>5. On 10-08-13 at 1535 hours, staff #40 confirmed that staff should take the patient's blood pressure and pulse in recovery if received valium.</p>			

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S001178	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(5)(B)</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>(B) Refuse, biohazards, infectious wastes, and garbage must be collected, transported, sorted and disposed of by methods that will minimize nuisances or hazards according to federal, state, and local laws and rules.</p> <p>Based on document review and interview, the facility had no policy for the collection, transportation, sorting, storage and disposal of refuse and garbage.</p> <p>Findings:</p> <p>1. Review of facility policies indicated there was no policy for the collection, transportation, sorting, storage and disposal of refuse and garbage.</p> <p>2. In interview, on 10-8-13 at 3:40 pm,</p>	S001178	This deficient practice will be corrected/prevented by adopting a written policy on the collection , transportation, sorting, storage, and disposal of refuse and garbage. The policy has been written but cannot be approved until the next meeting of the governing board in December 2013. The ASC Administrator is responsible to implement, submit for approval, and monitor the implementation of the above policy.	12/23/2013			

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S001180	<p>employee #A1 confirmed the above and no other documentation was provided prior to exit.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(1)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(1) A review of safety functions by a committee appointed by the chief executive officer that includes representatives from administration and patient care services.</p> <p>Based on document review and interview, the facility collected and reviewed only partial information of safety functions, by facility policy, for calendar year 2012.</p> <p>Findings:</p> <p>1. Review of Policy No. 5.14, entitled SAFETY MANAGEMENT, approved December 13, 2011, indicated various data collection [would include]:</p> <p>Refrigerator temperature log will be maintained each day surgery is</p>	S001180	This deficiency will be corrected by revising our safety management policy and data collection form to increase compliance with essential safety functions being documented, analyzed, and reported to the safety committee. The deficiency will be prevented by implementing a simplified and clear policy and data collection tool. The ASC Administrator will be the responsible person to implement and monitor the above.	11/22/2013			

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	<p>performed at the ASC [Ambulatory Surgery Center] at IEC [Indiana Eye Clinic] for the safe storage of pharmaceuticals.</p> <p>Oxygen regulators on oxygen tanks will be checked for proper functioning and storage.</p> <p>Bathroom call system in the patient bathroom in Pre-Op will be tested each day surgery is performed.</p> <p>All carts will be checked each day surgery is performed for proper functioning of safety rails, brakes, up and down controls, , and wheels rolling without difficulty. Wheelchairs will be checked for properly functioning brakes and wheels rolling without difficulty.</p> <p>Electrical cords will be checked weekly for absence of fraying.</p> <p>Quarterly check of general lighting and exit signs for proper function and repair promptly the same day if issue identified.</p> <p>Sprinkler system will be checked quarterly and any follow-up action will be promptly performed.</p> <p>Fire drills will be conducted quarterly on the day shift and reported to the Safety</p>			

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	<p>Committee. Log books (General ASC equipment, lasers, autoclaves, etc.) for patient care equipment will be reviewed quarterly for compliance with policy. Ventilation and humidification of the OR's [Operating Rooms] is operable. Daily observation by all ASC staff and medical staff to alert areas of concern and possible improvement.</p> <p>2. Review of the facility's data collection documents and minutes of the 2012 quarterly Quality Assurance Committee Safety committee activities, indicated the facility collected and reviewed only partial information of safety functions, by facility policy, as follows:</p> <table border="0"> <tr> <td>Item</td> <td>Data Collected</td> <td>Report to Safety Committee</td> </tr> <tr> <td>Refrigerator temperature logs</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Oxygen regulators</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Bathroom call system</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Carts</td> <td>No</td> <td>Yes</td> </tr> <tr> <td>Wheelchairs</td> <td></td> <td>Yes</td> </tr> </table>	Item	Data Collected	Report to Safety Committee	Refrigerator temperature logs	Yes	No	Oxygen regulators	Yes	Yes	Bathroom call system	Yes	No	Carts	No	Yes	Wheelchairs		Yes			
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	<p style="text-align: center;">Yes</p> <p>Electrical cords No</p> <p style="text-align: center;">No</p> <p>Lighting, exit signs Yes</p> <p style="text-align: center;">Yes</p> <p>Sprinkler system Yes</p> <p style="text-align: center;">Yes</p> <p>Log books Yes</p> <p style="text-align: center;">Yes</p> <p>Ventilation, humidification No</p> <p style="text-align: center;">No</p> <p>Daily observation No</p> <p style="text-align: center;">No</p> <p>3. In interview, on 10-10-13 at 11:15, employee #A1 confirmed the above.</p>			