STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA ENDOSCOPY CENTERS	1115 N RONALD REAGAN PKWY STE 347 AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Q000000	This visit was for a re-certification survey. Facility Number: 003796 Survey Date: 10-3-11 - 10-5-11 Surveyors: Jack I. Cohen, MHA Medical Surveyor John Lee, RN Public Health Nurse Surveyor Tretter, Karilyn, RN Public Health Nurse Surveyor QA: claughlin 10/25/11	Q000000		
Q000221	416.50(a)(1) NOTICE OF RIGHTS The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands. Based on document review and interview, the facility failed to provide patients or their representatives with a	Q000221	The "Patients Rights" letter has been amended as of 11/3/11. This amended page of this letter (see attachement Q221) is now	11/03/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001143	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/05/2011
NAME OF PROVIDER OR SUPPLIER INDIANA ENDOSCOPY CENTERS		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 N RONALD REAGAN PKWY STE 347 AVON, IN 46123	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	verbal and written notice regarding exercising their rights without being subjected to discrimination or reprisal. Findings: 1. Review of a document entitled Patient Rights, which was given to the patients or their representatives, indicated it lacked that patients or their representatives could exercise their rights without being subjected to discrimination or reprisal. No further documentation was received prior to exit. 2. On 10-4-11 at 9:30 am, upon interview, employee #A3 indicated the above-stated right was not given to the patient or their representative, either verbally or in writing.		part of the patient packet mailed to the patient and/or designated representive in advance of the date of procedure. The Clinical Manager is responsible for ensuring that the language and content of the letter is kept updated.	
Q000222	4166.50(a)(1)(i) NOTICE - POSTING In addition, the ASC must - Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare			

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	Beneficiary Ombudsman. Based on observation, the facility failed to post that patients or their representatives could exercise their rights without being subjected to discrimination or reprisal. Findings: 1. Review of a document entitled Patient Rights, which was posted in the facility's reception area, indicated it lacked that patients or their representatives could exercise their rights without being subjected to discrimination or reprisal.	O000222	The posted written notice of patient rights had been amended as of 11/3/11. A copy of this notice is attached (Q222). This notice has been posted in the facility's waiting area as of 11/3/11. The Clinical Manager is responsible for ensuring that the language and content of the notice is kept updated.	11/03/2011