

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001151	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/27/2015
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NAME OF PROVIDER OR SUPPLIER  BROADWEST SPECIALTY SURGICAL CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 315 W 89TH AVE MERRILLVILLE, IN 46410
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S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 011094</p> <p>Survey Date: 01/26/2015 &amp; 01/27/2015</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 02/20/15</p>	S000000	The above listed information is correct	
S000428	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(i)</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>(i) Sanitation. Based on document review, observation and interview, the infection control (IC) committee failed to maintain its</p>	S000428	<p>Policy #222a for Terminal Cleaning has been created (see attached policy) Our housekeeping personnel will</p>	03/01/2015

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>sanitation policy/procedures and ensure that the operating room (OR) cleaning was performed in a safe and effective manner.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>The policy/procedure Housekeeping Procedures (approved 1-14) failed to indicate an organized and specific process for terminal OR cleaning by environmental services (EVS) personnel including specific products for use and wet contact times to ensure effective disinfection and to prevent contamination of previously disinfected surfaces. The policy/procedure lacked a provision ensuring that all high-touch surfaces were cleaned and/or disinfected and lacked a provision indicating what OR equipment (electrocautery, anesthesia cart, etc) were to be cleaned by EVS.</li> <li>During an interview on 1-27-15 at 1210 hours, the infection preventionist staff A4 confirmed that the policy/procedure failed to indicate a specific process for terminal OR cleaning including wet contact times to ensure effective disinfection and prevent contamination of previously disinfected surfaces.</li> <li>The policy/procedure Attire in the</li> </ol>		<p>be responsible for following said policy Our infection control nurse will oversee our housekeeping staff to ensure that the policy is being followed This policy will go before our governing board on Monday, April 20th 2015</p>	

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	<p>Operating Room (approved 1-14) indicated the following: "All outpatient surgery personnel shall wear high filtration masks in the surgical suites."</p> <p>4. During a tour on 1-26-15 at 1345 hours of the restricted surgical areas of the center, the following observations were made during the OR 1 terminal cleaning by EVS staff A4:</p> <ul style="list-style-type: none"> <li>a. the staff was observed without a mask while cleaning and disinfecting the OR 1.</li> <li>b. the staff A4 stated that the wet contact time was 10 minutes for the EPA registered quaternary ammonium spray disinfectant in use at the time of the observations.</li> <li>c. the staff sprayed the disinfectant 5 or 6 times onto a clean microfiber cloth.</li> <li>d. the staff wiped down the horizontal and vertical surfaces of the 24" x 48" back table.</li> <li>e. the back table was observed to be dry in approximately 3 minutes.</li> <li>f. the staff A4 confirmed that the table appeared to be dry after 3 minutes.</li> <li>g. the staff removed the un-cleaned arm supports from the surgery table and placed them on the back table before spraying disinfectant 5 or 6 times onto a clean microfiber cloth and wiping down the arm supports.</li> </ul> <p>5. During an interview on 1-26-15 at</p>			

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S000436	<p>1404 hours, the EVS staff A4 stated they (A4) should probably be wearing a mask, left the OR 1 and returned wearing a mask.</p> <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(v)</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>(v) Reuse of disposables. Based on document review, observation and interview, the infection control (IC) committee failed to develop and follow its policy/procedures for reuse of disposable patient items at the center.</p> <p>Findings:</p> <p>1. On 1-26-15 at 1115 hours, the business administrator A1, recovery room manager A2 and surgery manager A3 were requested to provide a policy/procedure for reprocessing of single patient use items and none was provided prior to exit.</p>	S000436	<p>Our Infection Prevention &amp; Control Safety Sequential Compressive Devices (SCDs) Policy SURG#382(a) has been revised</p> <p>Sequential Compression sleeves are for single patient use only A new pair of sleeves will be used for each patient The pre-operative RN will be responsible for placing the orders for the sleeves This policy will go to our governing board on Monday, April 20, 2015</p>	02/02/2015

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	<p>2. During an interview on 1-27-15 at 1110 hours, the infection prevention staff A4 indicated that sequential compression device (SCD) sleeves used to prevent blood clot formation during certain surgery cases were reused after wiping down with disinfectant and allowed to air dry unless obvious soiling was present. Staff A4 indicated that the SCD sleeves did not come into direct contact with the patient's skin when the SCD's were applied over TED hose.</p> <p>3. During a tour on 1-27-15 at 1120 hours of the pre and post-surgical unit, the following was observed: a package of large SCD sleeves with the labeling "Single patient use" .</p> <p>4. During an interview on 1-27-15 at 1120 hours, staff A4 confirmed that the product labeling indicated that the SCD sleeves were for single patient use only.</p>			