

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001113	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/13/2014
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NAME OF PROVIDER OR SUPPLIER  CENTER FOR SPECIAL SURGERY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8805 N MERIDIAN ST INDIANAPOLIS, IN 46260
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 003032</p> <p>Survey Date: 3-11/12-14</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Trisha Goodwin, RN Public Health Nurse Surveyor</p> <p>QA: 04/02/14</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 and interview, the governing board failed to review quality activities of the quality assessment and performance improvement program (QAPI) for 5 of 9 directly-provided services and 8 of 10 contracted services in calendar year 2013.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of governing board minutes for calendar year 2013 indicated there were no reports of quality activity for the directly provided services of laboratory, radiology, medication errors, response to patient emergencies, and reportable events.</li> <li>Review of governing board minutes for calendar year 2013 indicated there were no reports of quality activity for the contracted services of biomedical</li> </ol>	S000110	<p>It had been the practice of the Quality Assessment Committee to report to the Governing Body all indicators outside of threshold on a quarterly basis. The activities for which there were no report were monitored however all indicators fell within threshold for 2013. A complete summary of all of the Quality Assessment indicators for 2013 including those addressed in the deficiency will be provided to the Governing Body for review by 4/11/14. In the future the Administrator will be responsible to insure that all indicators outside of threshold are reported quarterly and all indicators falling within threshold are reported no less that annually.</p>	04/11/2014			

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	<p>engineering, biohazardous waste, housekeeping, laboratory, laundry/linen, maintenance, radiology, and transcription.</p> <p>3. In interview on 3/12/14 at 4:00 pm, employee #A1 confirmed the above and no further documentation was provided prior to exit.</p>				

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S000616	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(3)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(3) The center shall use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries. Each entry must be authenticated in accordance with the center and medical staff policies.</p> <p>Based on document review and interview, the facility failed to follow its policy of dating every entry, including transcribed reports, by the author in 3 instances.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of a facility policy entitled Medical Records - General, section Authentication, indicated every entry, including transcribed reports, is dated and authenticated by the author.</li> <li>2. Review of 21 patient medical records indicated that records MR#14, MR#18, and MR#21 had transcribed operative reports signed by the author. Further review of these documents indicated each did not indicated when the author had</li> </ol>	S000616	The physicians were instructed in a meeting on 3/27/14 that all signatures must be dated. The Nurse Manager working with the Medical Records Audit Contractor will monitor for compliance.	03/27/2014			

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	signed the entry.  3. In interview, on 3-12-14 at 10:35 am, employee #A1 confirmed the above and no further documentation was provided prior to exit.			
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S000732	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(2)</p> <p>These bylaws and rules must be as follows:</p> <p>(2) Be reviewed at least triennially. Based on document review and interview, the medical staff failed to triennially review the medical staff rules or the medical staff bylaws.</p> <p>Findings:</p> <p>1. Review of facility documents indicated there was no medical staff review of medical staff rules within the last 3 years.</p> <p>2. Review of facility documents indicated there was no medical staff review of medical staff bylaws within the last 3 years</p> <p>3. In interview on 3/12/14 at 4:00 pm, employee #A1 confirmed the above and no further documentation was provided prior to exit.</p>	S000732	The Medical Staff Bylaws and Rules had been reviewed and signed by the Medical Director but not the other members of the Medical Advisory Committee. This committee meets quarterly and will meet again in June. The administrator will insure that the Medical Advisory Committee reviews and signs the Bylaws and Rules at that meeting and at least triennially in the future.	06/30/2014			

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S000826	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(c)(1)(E)</p> <p>The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:</p> <p>(E) Safety training required of personnel. Based on document review and interview, the facility failed to provide documentation of safety training in areas where anesthetics are used for 9 of 9 medical staff credential files reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of 9 medical staff credential files indicated MD#1, MD#2, MD#3, MD#4, MD#5, MD#6, MD#7, MD#8, and MD#9 did not contain any documentation of safety training in areas where anesthetics are used.</li> <li>2. In interview on 3/11/14 at 11:00 am, employee #A1 confirmed the above and no further documentation was provided prior to exit.</li> </ol>	S000826	By 4/11/14 the medical staff will write a policy and procedure covering safety training required of personnel including physicians in areas where anesthetics are used. This policy and procedure will be approved by the Governing Body also by 4/11/14. By 4/11/14 this training will be completed for the facility's three staff physicians. The physicians provided by the anesthesia service are not in the facility on a regular schedule and may not be assigned to the facility for a considerable period of time. For those physicians the training will be completed on the next date they render care within the facility. The Administrator will insure compliance and include this in the initial physician credentialing process.	04/11/2014			

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S000888	<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 3 of 21 operative reports were dictated immediately (within 24 hours) following surgery.</p> <p>Findings:</p> <p>1. Review of 21 patient medical records indicated medical records MR#14, MR#18, and MR#21 had dictated reports that were transcribed. Review of those 3 records indicated there was no date when the reports were dictated.</p>	S000888	The physicians were instructed in a meeting on 3/27/14 that all dictation must include a date of dictation. Effective 4/7/14 all dictation will include the dictation date under the physician's signature. The Nurse Manager together with the Medical Records Audit Contractor will monitor compliance.	04/07/2014			

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	2. In interview, on the above date and time, employee #A1 confirmed those 3 records indicated there was no date when the reports were dictated.			

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S001172	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(5)</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: Based on observation, the facility failed to maintain clean floors and furnishings throughout the building in 3 areas.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On 3/12/14 at 10:00 am, in the presence of employee #A1, it was observed in the biohazard storage room, there was heavy dust, dirt and debris on the floor.</li> <li>On 3/12/14 at 10:05 am, in the presence of employee #A1, it was observed in the electrical panel room, there was heavy dust on the floor.</li> <li>On 3/12/14 at 10:10 am, in the presence of employee #A1, it was</li> </ol>	S001172	In the areas of concern the floors and ceiling vents were cleaned by 3/28/14. The Nurse Manager in her capacity as the Infection Control Officer will monitor these areas as part of her routine house keeping surveillance. The Nurse Manager will inspect these areas weekly for eight weeks and if acceptable monthly thereafter.	03/28/2014			

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	observed in the suction room, there was heavy dust on the floor and on the ceiling air vent.			