

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2015
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NAME OF PROVIDER OR SUPPLIER LAKESIDE SURGERY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 810 W CHICAGO AVE EAST CHICAGO, IN 46312
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S 0000 Bldg. 00	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 003259</p> <p>Survey Date: 11/16/2015 to 11/18/2015</p> <p>QA: cjl 12/31/15</p>	S 0000		
S 0172 Bldg. 00	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (L)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(L) Maintaining personnel records for each employee of the center which include personal data, education and experience, evidence of participation in job related educational activities, and records of employees which relate to post offer and subsequent physical examinations, immunizations, and tuberculin tests or chest x-rays, as applicable.</p> <p>Based on document review and interview, the chief executive officer failed to implement policies and procedures for ensuring the maintenance of personnel records for each employee</p>	S 0172	All employee files were reviewed by the Administrator - The Administrator ordered and printed background checks on 11/22/2015 for all employees of the facility from	11/22/2015

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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S 0616	<p>of the center that includes personal data, as applicable.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of policy titled Employee Background Verification, revised/reapproved 3/2/15, indicated it is the center's policy to check the background status of all applicants for ambulatory surgery center and the background check will be filed in Human Resources Employee File. 2. Review of Human Resources Employee Files on 11/16/15 at approximately 1440 hours, indicated employees P1 (Infection Control Nurse), P5 (Certified Surgical Tech), P6 (Radiology Tech) and P8 (Registered Nurse) lacked documentation of a background check. 3. In interview, on 11/17/15 at approximately 1600 hours, employee P4 (Administrator) confirmed there was no documentation of a background check in the above-mentioned Human Resources Employee Files as required by facility policy and procedure. <p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND</p>		<p>www.criminalbackgroundrecords.com . All background checks were filed in each employees Human Resource file. Going forward, the Administrator will review and sign each completed employee file.</p>				

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Bldg. 00	<p>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 staff interview, the facility failed to ensure all practitioner orders are authenticated in accordance with center policies for 10 of 20 (N1, N3-N10 and N12) closed patient medical records reviewed.</p> <p>Findings:</p> <p>1. Review of policy titled Medical Records Procedures, revised/reapproved 3/2/15, indicated it is the center's policy for medication and treatment orders to be written in ink and signed by the prescribing physician, dentist, anesthesiologist, or podiatrist and, if given verbally, countersigned by him/her within forty-eight (48) hours, with the exception of orders for Schedule II drugs, which are signed immediately.</p>	S 0616	<p>The Administrator reviewed the policies Medical Records Procedures and Guidelines for Maintaining the Medical Record as a Medicolegal Document A letter was composed 11/22/2015 and mailed 11/23/2015 to all prescribing physicians, anesthesiologist, podiatrists and surgeons. A copy of the policies were included for review. The letter informed all physicians of the State Licensure Survey and the deficiencies found. The letter asked all physicians to adhere to our policies effective immediately to provide exceptional quality and safe care to patients. A meeting was held with the nursing and medical record staff for the purpose to review the policy and process for reviewing medical records for compliancy. The Administrator will review</p>	11/23/2015

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	<p>2. Review of policy titled Guidelines for Maintaining the Medical Record as a Medicolegal Document, revised/reapproved 3/2/15, indicated it is the center's policy for all entries in the medical record to be authenticated and dated.</p> <p>3. Review of closed patient medical records on 11/16/15 at 1130 hours, indicated the following physician orders lacked designation as a verbal order and/or date and time of physician authentication. The order form also states to circle orders to be enacted and written orders lack a circle for:</p> <p>A. N1 pre-operative and post-operative orders dated 11/21/14 at 0830; and 1255, 1645, and 1650 hours, respectively.</p> <p>B. N3 pre-operative and post-operative orders dated 7/14/14 at 0850 and 0900; and 1005 and 1125 hours, respectively.</p> <p>C. N4 pre-operative and post-operative orders dated 7/15/14 at 0745, 0750, and 0755; and 0930, 1005 and 1215 hours, respectively.</p> <p>D. N5 pre-operative and post-operative orders dated 7/16/14 at 0930 and 0940; and 1145 and 1200 hours, respectively.</p> <p>E. N6 pre-operative and post-operative orders dated 7/9/14 at 1040 and 1130; and 1400, 1500, 1515, 1530, and 1610 hours, respectively.</p> <p>F. N7 pre-operative and post-operative</p>		charts for completion prior to filing in finish file.				

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	<p>orders dated 5/28/14 at 1400 and 1500; and 1810 and 1920 hours, respectively.</p> <p>G. N8 pre-operative and post-operative orders dated 9/11/14 at 0940 and 0943; and 1100 and 1210 hours, respectively.</p> <p>H. N9 pre-operative and post-operative orders dated 8/26/14 at 0955, 1005, and 1008; and 1315, 1345, 1350, and 1500 hours, respectively.</p> <p>I. N10 pre-operative and post-operative orders dated 8/14/14 at 0840; and 0930 and 1045 hours, respectively.</p> <p>J. N12 pre-operative and post-operative orders dated 7/22/14 at 0900 and 0910; and 1150 and 1350 hours, respectively.</p> <p>4. In interview, on 11/17/15 at approximately 1449 hours, employee P8 (Registered Nurse Supervisor) confirmed the above-mentioned closed patient MRs physician orders were verbal orders and lacked designation as a verbal order and/or date and time of physician authentication as required by facility policy and procedure.</p>			