

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001053	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2016
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NAME OF PROVIDER OR SUPPLIER VALLEY SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 220 E VIRGINIA ST EVANSVILLE, IN 47711
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(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
S 0000 Bldg. 00	This visit was for a State licensure survey. Facility number: 007651 Dates: 3/7/16 to 3/8/16 QA: cjl 04/11/16	S 0000		
S 0300 Bldg. 00	410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a) (a) The center must develop, implement, and maintain an effective, organized, center-wide, comprehensive quality assessment and improvement program in which all areas of the center participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: Based on document review and interview, the Quality Assessment and Performance Improvement (QAPI) program failed to follow their plan in the year 2015. Findings: 1. Review of the policy titled Quality Assessment and Performance Improvement Plan indicated the	S 0300	To correct deficiency, all attendances will be documented in the QMC Meeting Minutes The Center Manager will be responsible for this. To prevent from occurring in the future "Attendees" will be added to the Template used.	04/12/2016

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>following:</p> <p>a. There shall be a multi-disciplinary Quality Management Committee (QMC), chaired by the Center Manager, which shall meet quarterly...</p> <p>b. The QMC consists of the Center Manager, Medical Director or designated medical staff representative, a Pharmacy Consultant, Infection Preventionist, Risk Manager, Covenant Surgical Partners Commerce Street staff as needed and other such members that may be approved by the QMC Chairman.</p> <p>c. The policy was approved 2/2015.</p> <p>2. Review of facility documents titled 1st Quarter 2015 QAPI Minutes, 2nd Quarter 2015 QAPI Minutes, 3rd Quarter 2015 QAPI Minutes and 4th Quarter 2015 QAPI Minutes lacked documentation of QMC members who attended or conducted the meetings.</p> <p>3. On 3/8/16 at 11:30am, A1, Center Manager, indicated QAPI/QMC meetings were conducted by A1, but the facility did not have documentation of QMC members who attended the QAPI meetings.</p>						