STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15C0001111	A. BUILDING 00 B. WING	11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH VALLEY EYE SURGERY CENTER	2020 CLEARVIEW DR VINCENNES, IN 47591

(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: 002897 Survey Date: 11/12/2013 through 11/14/2013 Surveyors: Saundra Nolfi, RN Public Health Nurse Surveyor Albert Daeger Medical Surveyor QA: claughlin 12/02/13	O000000		

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: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH VALLEY EYE SURGERY CENTER	2020 CLEARVIEW DR VINCENNES, IN 47591

(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
Q000002	416.2 DEFINITIONS As used in this part: Ambulatory surgical center or ASC means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC, and must meet the conditions set forth in subparts B and C of this part.The ambulatory surgical center must comply with state licensure requirements. Based on interview and review of timecard documentation, the facility failed to ensure there was a clear delineation of staffing for the surgical facility for 2 of 2 staff members who worked both at the surgical facility, as well as, the physician office (#A2 and A3). Findings included: 1. At 9:05 AM on 11/13/13, the Infection Prevention Nurse, staff member A2, indicated he/she worked at the surgical facility on Tuesdays, half a day on Wednesdays, and half a day on Fridays. He/she indicated the rest of the week, he/she worked at the adjacent physician's office. He/she indicated the clocking in and out process was the same regardless of where he/she worked	O000002	The two employees that work in the surgery center and in the office will have two clock in numbers so we will be able do prove where they are working when they are clocked in.The nursing coordinator is responsible for checking the timecards before they are turned in and will make sure the employees have their time separate by the two clock in numbers they will be using.	12/18/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	and the hours weren't documented any differently. He/she indicated a surgical tech, staff member A3, was the only other person who worked in both places, but the time recording process was the same. 2. At 10:00 AM on 11/14/13, the timecard reports for 2 weeks in October for staff members A2 and A3 were reviewed with the coordinator, staff member A1. The reports indicated all of the hours for staff member A2 were designated as department 000007 while all of the hours for staff member A3 were designated as 000006. Staff member A1 indicated the nurses and physicians were paid by one account and the techs and office staff were paid by another. He/she indicated the work place for each staff member could be determined by the facility's schedule, but confirmed the timecard documentation did not separate the surgical facility from the office.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15C0001111		11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH VALLEY EYE SURGERY CENTER	2020 CLEARVIEW DR VINCENNES, IN 47591

(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
Q000043	416.41(c) DISASTER PREPAREDNESS PLAN (1) The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC. (2) The ASC coordinates the plan with State and local authorities, as appropriate. (3) The ASC conducts drills, at least annually, to test the plan's effectiveness. The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan. Based on documentation review and staff interview, the facility failed to maintain a written disaster preparedness plan and the ASC failed to conduct drills, at least annually. Findings included: 1. A Disaster Preparedness Planning memorandum, written by staff member #1 undated indicated the surgery center contacted the local fire department and the response was the local fire department does not require to work with surgery centers. The	Q000043	A letter has been sent to John Streeter, Director of the Knox County Emergency Management Agency and Stever McClure, Assistant Director of the Knox County Emergency Mangement Agency informing them of what our facility has to offer in the event of an emergency. We have requested a letter be returned to us acknowledging the identification of the Wabash Valley Eye Surgery Center with the hospital response plan and how they would utilize our facility in the evernt of an emergency. We have adopted a new Disaster Preparedness Plan that includes a policy stating a disaster preparedness drill be performed quarterly and we will participate in the annual county wide mock disaster drill.The nursing coordinator will be responsible to oversee that this annual mock	12/03/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	memorandum requested Good Samaritan Hospital to coordinate efforts with the surgery center; however, Good Samaritan Hospital has not included the surgery center in their Emergency Disaster Preparedness Plan. 2. At 3:10 on 11/12/2013, staff member #1 indicated the surgery center does not have an active Emergency Disaster Plan and the facility has not conducted an Emergency Disaster Drill. The staff member indicated he/she has written memorandums to different agencies on assistance in drafting a plan; however, a plan has never been written for Wabash Valley Eye Surgery Center. The staff member indicated the surgery center has never exercised a disaster drill.		drill occurs and that WVESC is included in the county wide disaaster preparedness plan.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH VALLEY EYE SURGERY CENTER	2020 CLEARVIEW DR VINCENNES, IN 47591

(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
Q000181	416.48(a) ADMINISTRATION OF DRUGS Drugs must be prepared and administered according to established policies and acceptable standards of practice. Based on medical record review, policy and procedure review, and interview, the facility failed to ensure medications were ordered and administered according to standards of practice for 6 of 6 patients who received a pre-operative medication (#N3, N4, N5, N13, N19, and N27). Findings included: 1. The medical record for patient N3, who had a procedure on 04/23/13, indicated a printed Physician Order Sheet, signed by the physician and nurse, with "Valium pre-op" checked. The order did not designate a dose or route for the medication. The record also indicated a Pre-Operative Report, dated 04/23/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 2. The medical record for patient N4, who had a procedure on 04/30/13, indicated a printed Physician Order Sheet, signed by the physician and nurse, with "Valium pre-op" not checked. The record also indicated a	O000181	The physician order sheet was corrected to include the dose of the Valium and the route the Valium was given. The intraop sheet was also corrected to include the dose, route and the name of the person giving the Valium.The nursing coordinator will make sure these new forms are used in the surgery packets for the charts and that the staff are educated about the changes we made to the forms.These forms were revised on 11-27-2013.	11/27/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	Pre-Operative Report, dated 04/30/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 3. The medical record for patient N5, who had a procedure on 04/30/13, indicated a printed Physician Order Sheet Lasik, signed by the physician and nurse, with "Valium 10 mg. PO" checked. The record also indicated a Pre-Operative Report, dated 04/30/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 4. The medical record for patient N13, who had a procedure on 07/02/13, indicated a printed Physician Order Sheet, signed by the physician and nurse, with "Valium pre-op" checked. The order did not designate a dose or route for the medication. The record also indicated a Pre-Operative Report, dated 07/02/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 5. The medical record for patient N19, who had a procedure on 07/30/13, indicated a printed Physician Order			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	Sheet Lasik, signed by the physician and nurse, with "Valium 10 mg. PO" checked. The record also indicated a Pre-Operative Report, dated 07/30/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 6. The medical record for patient N27, who had a procedure on 09/03/13, indicated a printed Physician Order Sheet, signed by the physician and nurse, with "Valium pre-op" checked. The order did not designate a dose or route for the medication. The record also indicated a Pre-Operative Report, dated 09/03/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 7. The facility policy "Pharmaceutical Services", last reviewed 09/02/13, indicated, "3. Issuing/Dispensing Drugs- The procedures for dispensing drugs are as follows: a. Standing Orders: The WVESC permits physicians to use standing orders to prescribe drugs for their patients. The standing orders are issued and signed by the physician according to WVESC Policies. A Registered Nurse prepares and issues the drugs as prescribed. b.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH VALLEY EYE SURGERY CENTER	2020 CLEARVIEW DR VINCENNES, IN 47591

(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
	Physician's Orders: In addition to standing orders, physicians may prescribe drugs for patients during the patient's stay in the WVESC using the physician's order form portion of the patient's chart. The specific drug and dosage are entered on the form and signed by the physician. The Registered Nurse in attendance takes the physician's order and will prepare and issue the drugs as prescribed." 8. The facility policy "General Rules-Medical Records", last reviewed 09/02/13, indicated, "1. All clinical entries in the patient's medical record shall be accurately dated and authenticated." 9. At 9:30 AM on 11/14/13, staff member A1 confirmed the medical record findings and acknowledged the medications weren't ordered or authenticated according to standards of practice. He/she indicated the dose of medication should have been specified on all of the standing orders.			
S000000	This visit was for a State licensure survey.	S000000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH VALLEY EYE SURGERY CENTER	2020 CLEARVIEW DR VINCENNES, IN 47591

(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
	Facility Number: 002897 Survey Date: 11/12/2013 through 11/14/2013 Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor Saundra Nolfi, RN Public Health Nurse Surveyor QA: claughlin 12/02/13			
S000152	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c) (5) (B) Require that the chief executive officer develop and implement policies and programs for the following: (B) Ensuring that during the center's operational hours that staffing requirements are met for quality patient care and that employees do not provide services in an adjacent office, clinic, hospital, or other facility at the same time.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	Based on interview and review of timecard documentation, the facility failed to ensure there was a clear delineation of staffing for the surgical facility for 2 of 2 staff members who worked both at the surgical facility, as well as, the physician office (#A2 and A3). Findings included: 1. At 9:05 AM on 11/13/13, the Infection Prevention Nurse, staff member A2, indicated he/she worked at the surgical facility on Tuesdays, half a day on Wednesdays, and half a day on Fridays. He/she indicated the rest of the week, he/she worked at the adjacent physician's office. He/she indicated the clocking in and out process was the same regardless of where he/she worked and the hours weren't documented any differently. He/she indicated a surgical tech, staff member A3, was the only other person who worked in both places, but the time recording process was the same. 2. At 10:00 AM on 11/14/13, the timecard reports for 2 weeks in October for staff members A2 and A3 were reviewed with the coordinator, staff member A1. The reports indicated all of the hours for staff member A2 were	S000152	The two employees that work in the surgery center and in the office will have two clock in numbers so we will be able do prove where they are working when they are clocked in.The nursing coordinator is responsible for checking the timecards before they are turned in and will make sure the employees have their time separate by the two clock in numbers they will be using.	12/18/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	designated as department 000007 while all of the hours for staff member A3 were designated as 000006. Staff member A1 indicated the nurses and physicians were paid by one account and the techs and office staff were paid by another. He/she indicated the work place for each staff member could be determined by the facility's schedule, but confirmed the timecard documentation did not separate the surgical facility from the office.			
S001012	410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6(3)(B) Pharmaceutical services must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (B) Drug administration according to established center policies and acceptable standards of practice. Based on medical record review, policy and procedure review, and interview, the facility failed to ensure medications were ordered and administered according to standards of practice for 6 of 6 patients who received a pre-operative medication (#N3, N4, N5, N13, N19, and N27).	S001012	The physician order sheet was corrected to include the dose of the Valium and the route the Valium was given. The intraop sheet was also corrected to include the dose, route and the name of the person giving the Valium.The nursing coordinator will make sure these new forms are used in the surgery packets	11/27/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	Findings included: 1. The medical record for patient N3, who had a procedure on 04/23/13, indicated a printed Physician Order Sheet, signed by the physician and nurse, with "Valium pre-op" checked. The order did not designate a dose or route for the medication. The record also indicated a Pre-Operative Report, dated 04/23/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 2. The medical record for patient N4, who had a procedure on 04/30/13, indicated a printed Physician Order Sheet, signed by the physician and nurse, with "Valium pre-op" not checked. The record also indicated a Pre-Operative Report, dated 04/30/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 3. The medical record for patient N5, who had a procedure on 04/30/13, indicated a printed Physician Order Sheet Lasik, signed by the physician and nurse, with "Valium 10 mg. PO" checked. The record also indicated a		for the charts and that the staff are educated about the changes we made to the forms.These forms were revised on 11-27-2013.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	Pre-Operative Report, dated 04/30/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 4. The medical record for patient N13, who had a procedure on 07/02/13, indicated a printed Physician Order Sheet, signed by the physician and nurse, with "Valium pre-op" checked. The order did not designate a dose or route for the medication. The record also indicated a Pre-Operative Report, dated 07/02/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 5. The medical record for patient N19, who had a procedure on 07/30/13, indicated a printed Physician Order Sheet Lasik, signed by the physician and nurse, with "Valium 10 mg. PO" checked. The record also indicated a Pre-Operative Report, dated 07/30/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 6. The medical record for patient N27, who had a procedure on 09/03/13, indicated a printed Physician Order			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	Sheet, signed by the physician and nurse, with "Valium pre-op" checked. The order did not designate a dose or route for the medication. The record also indicated a Pre-Operative Report, dated 09/03/13 and signed by the nurse, with "Pre-Op Meds: Valium" checked, but with no dose, route, time, or initials of nurse documented. 7. The facility policy "Pharmaceutical Services", last reviewed 09/02/13, indicated, "3. Issuing/Dispensing Drugs- The procedures for dispensing drugs are as follows: a. Standing Orders: The WVESC permits physicians to use standing orders to prescribe drugs for their patients. The standing orders are issued and signed by the physician according to WVESC Policies. A Registered Nurse prepares and issues the drugs as prescribed. b. Physician's Orders: In addition to standing orders, physicians may prescribe drugs for patients during the patient's stay in the WVESC using the physician's order form portion of the patient's chart. The specific drug and dosage are entered on the form and signed by the physician. The Registered Nurse in attendance takes the physician's order and will prepare and issue the drugs as prescribed."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	8. The facility policy "General Rules-Medical Records", last reviewed 09/02/13, indicated, "1. All clinical entries in the patient's medical record shall be accurately dated and authenticated." 9. At 9:30 AM on 11/14/13, staff member A1 confirmed the medical record findings and acknowledged the medications weren't ordered or authenticated according to standards of practice. He/she indicated the dose of medication should have been specified on all of the standing orders.			
S001198	410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(6) (c) A safety management program must include, but not be limited to, the following: (6) Emergency and disaster preparedness coordinated with appropriate community, state, and federal agencies. Based on documentation review and staff interview, the facility failed to maintain a written disaster preparedness plan and the ASC failed to conduct drills, at least annually.	S001198	A letter has been sent to John Streeter, Director of the Knox County Emergency Management Agency and Stever McClure, Assistant Director of the Knox County Emergency Mangement Agency informing them of what our facility has to offer in the event of an emergency. We have	12/03/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER WABASH VALLEY EYE SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLEARVIEW DR VINCENNES, IN 47591	

(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
	Findings included: 1. A Disaster Preparedness Planning memorandum, written by staff member #1 undated indicated the surgery center contacted the local fire department and the response was the local fire department does not require to work with surgery centers. The memorandum requested Good Samaritan Hospital to coordinate efforts with the surgery center; however, Good Samaritan Hospital has not included the surgery center in their Emergency Disaster Preparedness Plan. 2. At 3:10 on 11/12/2013, staff member #1 indicated the surgery center does not have an active Emergency Disaster Plan and the facility has not conducted an Emergency Disaster Drill. The staff member indicated he/she has written memorandums to different agencies on assistance in drafting a plan; however, a plan has never		requested a letter be returned to us acknowledging the identification of the Wabash Valley Eye Surgery Center with the hospital response plan and how they would utilize our facility in the evernt of an emergency. We have adopted a new Disaster Preparedness Plan that includes a policy stating a disaster preparedness drill be performed quarterly and we will participate in the annual county wide mock disaster drill.The nursing coordinator will be responsible to oversee that this annual mock drill occurs and that WVESC is included in the county wide disaaster preparedness plan.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WABASH VALLEY EYE SURGERY CENTER	2020 CLEARVIEW DR VINCENNES, IN 47591

(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
	been written for Wabash Valley Eye Surgery Center. The staff member indicated the surgery center has never exercised a disaster drill.			