

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001078	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/09/2016
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NAME OF PROVIDER OR SUPPLIER EYECARE CONSULTANTS SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 NW FIRST ST STE 104 EVANSVILLE, IN 47708
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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: 009564 Survey dates: 3/8/16 to 3/9/16 QA: cjl 04/18/16	S 0000		
S 0320 Bldg. 00	410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(2) The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: (2) All functions, including, but not limited to, the following: (A) Discharge and transfer. (B) Infection control. (C) Medication errors. (D) Response to patient emergencies. Based on document review and interview, the Quality Assessment and Performance Improvement (QAPI) program failed to include 2 functions (medication errors and response to patient emergency) in its evaluations for 2015.	S 0320	S 320 410 IAC 15-2.4-2(a)(2) Quality Assessment and Improvement PLAN OF CORRECTION: The QAPI program is ongoing and has awritten plan that evaluates all functions, including medication errors andresponses to patient	05/01/2016

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>Findings:</p> <ol style="list-style-type: none"> 1. Review of QAPI reports and governing board meeting minutes dated 3/16/15, 7/30/15, 9/9/15 and 12/17/15 lacked documentation of reports or evaluation of the functions of medication error and response to patient emergencies. 2. On 3/9/16 at 1:30pm, A1, Facility Manager, indicated the QAPI program did not include evaluation of medication errors or response to patient emergency in its evaluations for 2015. 		<p>emergencies.</p> <p>SYSTEMIC CHANGES: The Center Director ensured the QAPI Plan(See Attachment A) and QAPI minutes reporting form (See Attachment B) containthe discussion points of medication errors and response to patient emergencies,including the evaluation, follow-up and response expectations to the event asit occurs.</p> <p>RESPONSIBLE PARTY AND MONITORING: The Center Director is responsible forensuring medication errors and response to patient emergencies are included inthe QAPI program and demonstrated in the QAPI plan and QAPI minutes reportingform. The Center Director will provide all reviews of medicationerrors and response to patient emergencies to the QAPI Committee for review andrecommendation. Recommendations will be submitted to theGoverning Body for review and approval.</p>		