STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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	The visit was for a re-certification survey. Facility Number: 002658 Survey Date: 10-28-13 to 10-30-13 Surveyors: Brian Montgomery, RN Public Health Nurse Surveyor Linda Plummer, RN Public Health Nurse Surveyor QA: claughlin 11/13/13	O000000		
Q000122	416.45(b) REAPPRAISALS Medical staff privileges must be periodically reappraised by the ASC. The scope of procedures performed in the ASC must be periodically reviewed and amended as appropriate. Based on document review and interview, the center failed to follow its medical staff bylaws regarding medical staff reappointment for 3 of 3 (MD01, MD02 and MD03) credential files reviewed. Findings: 1. The Medical Staff Bylaws (adopted	O000122	Starting the 4th quarter, quarterly meeting 2013, the Medical By-Laws will be reviewed and approved by the Governing Board. This will be repeated in 2016. The administrator will be responsible for initiating the review of Medical By-Laws. Preparation will be completed by 11/30/2013 but the quarterly	11/30/2013

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: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	6-04) indicated the following: " The chairman of the Credentials Committee shall preside over all Credentials Committee meetings and see that the functions of said committee are carried out in accordance with these bylaws ...the Credentials Committee shall ...meet quarterly ...[and] ...submit recommendations to Board of Managers ...[and] ...not less than two members, shall constitute a quorum at any meeting of such committee ...[and] ...minutes of all meetings shall be prepared by the secretary of the meeting and shall include a record of the vote taken on each matter. Copies of such minutes shall be signed by the presiding officer, approved by the attendees, forwarded to the medical staff and then the Governing Body ... " 2. Credential files for MD01, MD02 and MD03 indicated a reappointment recommendation date of 4-16-12 by MD01 acting as chairman for the Credentials Committee, president of the Medical Staff, and chairman of the Governing Board and no documentation of meeting minutes for the Credentials Committee, Medical Staff or Governing Board corresponded to the date. 3. The Credential Committee meeting minutes dated 3-29-12, 6-25-12, 9-27-12 and 12-10-12 failed to indicate that the committee reviewed the credential files		meeting will be held on December 12, 2013.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
	for MD01, MD02 and MD03 with a vote to recommend governing board reappointment. 4. The Governing Board meeting minutes dated 3-29-12, 6-25-12, 9-27-12 and 12-10-12 failed to indicate that the credential committee reappointment recommendations for MD01, MD02 and MD03 were reviewed and accepted by the governing board. 5. During an interview on 10-30-13 at 1625 hours, MD01 confirmed that the 2012 Credentials Committee and Governing Board meeting minutes lacked documentation of committee recommendations or board reappointment for MD01, MD02 and MD03.			
Q000183	416.48(a)(2) BLOOD AND BLOOD PRODUCTS Blood and blood products must be administered only by physicians or registered nurses Based on policy and procedure review and staff interview, the facility had no procedure in place to administer blood products, but had a policy stating that physicians could administer such products. Findings: 1. at 3:45 PM on 10/29/13, review of the policy and procedure 5.158 "Blood Transfusion Policy" (last approved	O000183	The Policy for Blood Transfusion was updated. Statement #2 was removed from the policy per direction from the Medical Director. The Admisnistrator will be responsible for updating the policy and bringing it to the attention of the Board during the 4th quarter meeting Decemeber 12,2013 for approval.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	10/2012), indicated: a. "1. Blood transfusions are not done at this facility by Registered Nurses. b. "2. A standing agreement is in place with IU Health/Ball Memorial Hospital for blood in case of some untoward, unexpected, high risk-low volume event that may require such an action. This would be initiated, monitored continuously and be documented by a physician." 2. interview with staff member #53, the RN consultant, at 9:10 AM on 10/30/13, indicated: a. no blood products are to be given in this facility b. it is thought that statement #2. in the policy was placed in there only for the time of a disaster/emergency where the facility might become a triage/treatment center for patients, and not regarding the eye patients cared for routinely at this facility c. the facility does not have an agreement with the local hospital for blood products d. the facility does not have supplies to be able to administer blood products 3. interview with staff member #51, the physician/owner of the facility, at 4:30 PM on 10/30/13, indicated: a. it is unclear why the policy was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	written in such a way, because no blood products are to be administered at the facility, at any time			
Q000201	416.49(a) LABORATORY SERVICES If the ASC performs laboratory services, it must meet the requirements of Part 493 of this chapter. If the ASC does not provide its own laboratory services, it must have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with Part 493 of this chapter. The referral laboratory must be certified in the appropriate specialties and subspecialties of services to perform the referral test in accordance with the requirements of Part 493 of this chapter. Based on policy and procedure review, personnel file review, and staff interview, the facility failed to ensure the competency of two newly hired RNs (registered nurses) in the use of the glucometer for point of care testing (staff members N1 and N6). Findings: 1. at 2:15 PM on 10/28/13, review of the policy and procedure 5.83 in Section 5, of the Nursing policies in the policy binder, related to the Glucometer Accu Chek, indicated that nursing staff competency in the accu chek would be obtained at the time of hire/orientation and on an annual basis 2. at 1:20 PM on 10/28/13 review of	O000201	The Glucometer Competency for Point of Care will be added to orientation packet for all new RN hires. Glucometer Competency will be completed and added to N1 and N6 files. The Administrator will be responsible for maintaining and updating orientation packet to include POC- Glucometer competency.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
	personnel files for staff member N1 (hired 5/1/13) and N6 (hired 4/10/13) indicated the form to sign off on competency for these two RNs was missing in their employee files 3. interview with staff member #51, the RN/Administrator, at 2:15 PM on 10/28/13 indicated: a. it was unknown how documentation of competency for the accu chek machine was missed during the orientation period for N1 and N6 b. the forms signing staff member N1 and N6 off on their glucometer competency was missing in both employee files			
Q000220	416.50 NOTICE - POSTING ... The ASC must also post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients waiting for treatment or by the patient's representative or surrogate, if applicable. Based on observation and interview, the posted patient rights notice lacked 4 of 14 required provisions. Findings: 1. The Patient Bill of Rights (approved 12-12) posted in the reception area and post-operative area of the center failed to indicate a provision for the following patient rights:	O000220	The posted Patient's Rights were updated to include the 4 required provisions which includes physician ownership. The Administrator is responsible to keep the patient's right updated and will check for updates at least quarterly for any revisions or changes to keep our information up to date.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER: MUNCIE CATARACT & LASER EYE CENTER LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 3300 W PURDUE AVE, MUNCIE, IN 47304

(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
	a. notice of the physicians who have financial interest or ownership in the ASC center b. notice of an immediate response and documented investigation for all grievances regarding mistreatment, neglect, verbal, mental, sexual and/or physical abuse and reporting of substantiated allegations to a State or local authority c. notice of the right to receive care in a safe setting d. notice of the right to be free from all forms of abuse, neglect or harassment from staff, other patients, or visitors 2. During an interview on 10-30-13 at 1440 hours, staff A2 confirmed that the posted patient rights lacked notice of the 4 patient rights provisions.			
Q000221	416.50(a) NOTICE OF RIGHTS An ASC must, prior to the start of the surgical procedure, provide the patient, or the patient's representative, or the patient's surrogate with verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights as set forth in this section. The ASC's notice of rights must include the address and telephone number of the State agency to which patients may report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman. Based on document review and interview, the verbal and written patient rights information provided to patients,	O000221	The written Patient's Rights were revised to include the 3 required provisions that were lacking. They are included in the	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	patient representative or surrogate prior to the procedure lacked 3 of 14 required provisions. Findings: 1. Documentation of verbal and written patient rights information provided before the procedure failed to indicate a provision for the following patient rights: a. notice of an immediate response and documented investigation for all grievances regarding mistreatment, neglect, verbal, mental, sexual and/or physical abuse and reporting of substantiated allegations to a State or local authority b. notice of the right to receive care in a safe setting c. notice of the right to be free from all forms of abuse, neglect or harassment from staff, other patients, or visitors 2. During an interview on 10-30-13 at 1440 hours, staff A2 confirmed that the written and verbal patient rights information provided before the procedure lacked notice of the 3 patient rights provisions.		information that the patient takes home and the information that is posted in the Surgery Center. Also included on the posted Pateint's Rights is Physician Ownerhip. The Administrator is responsible to keep the patient's right updated and will check quarterly for any changes that need to be made.	
Q000244	416.51(b)(2) INFECTION CONTROL PROGRAM - QAPI [The program is -] An integral part of the ASC's quality assessment and performance improvement program Based on Board of Managers meeting minute review and staff interview, the infection control officer failed to ensure	O000244	The meeting minutes format will be changed to include Topic, Discussion and Action so that clear, specific infection control	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	that the infection control program was an integral part of the surgery center's quality assessment and performance improvement program. Findings: 1. at 11:55 AM on 10/28/13, review of the 2.49, 2.50, and 2.5 (Section Two - Medical Staff) "Quality Assurance Process Improvement Plan", dated 3/2013, indicated: a. on page 2.51, it reads that the committee will be responsible for, and evaluate: "...10. Infection Control..." 2. at 10:15 AM on 10/28/13 and 1:45 PM on 10/30/13, review of the "Board of Managers" meetings for 3/21/13, 6/26/13, and 9/26/13 indicated: a. at the 3/21/13 meeting, documentation related to infection control activities read: "...Board of Managers discussed their role in overseeing Infection Control and the continued importance of staying abreast of all state and federal rules regarding infection control practices. Reviewed upcoming QAPI (quality assessment performance improvement) studies and the Board was pleased with the projects selected and the changes made in processes already studied. The Board reviewed and approved updated policies:..."		data that is discussed at the Board meetings can be easily seen and any action taken, viewed at a glance. The Administrator will be in charge of updating the meeting minutes. The new template will be used at the 4th quarter meeting, December 12, 2013.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	b. at the 6/26/13 meeting, documentation related to infection control activities read: "...Board of Managers discussed their role in overseeing Infection Control and the continued importance of staying abreast of all state and federal rules regarding infection control practices. Reviewed upcoming QAPI studies and the Board was pleased with the projects selected and the changes made in processes already studied. The board reviewed and approved updated policies:..." c. at the 9/26/13 meeting, documentation related to infection control activities read: "...Board of Managers discussed their role in overseeing Infection Control and the continued importance of staying abreast of all state and federal rules regarding infection control practices. Reviewed upcoming QAPI studies and the Board was pleased with the projects selected and the changes made in processes already studied...." 3. interview with staff member #50, the RN (registered nurse) Administrator, at 10:50 AM on 10/28/13 and 4:00 PM on 10/30/13, indicated: a. there is a template used to write the Board of Managers meetings so that they read the same each month b. a dashboard of information is			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	provided to the Board of Managers at their meetings which includes information some infection control practices and data c. review of the Board of Managers meeting minutes indicated the way they are written makes it unclear that specific infection control data is discussed and/or reviewed at Board meetings			
S000000	The visit was for a licensure survey. Facility Number: 002658 Survey Date: 10-28-13 to 10-30-13 Surveyors: Brian Montgomery, RN Public Health Nurse Surveyor Linda Plummer, RN Public Health Nurse Surveyor QA: claughlin 11/13/13	S000000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
S000122	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (b)(3) The governing body shall do the following: (3) Ensure that the medical staff has approved bylaws and rules, and that the bylaws and rules are reviewed and approved at least triennially by the governing body. Based on document review and interview, the governing board failed to review and approve the medical staff bylaws within the past three years. Findings: 1. On 10-28-13 at 1030 hours, staff A1 was requested to provide documentation indicating governing board approval of the medical staff bylaws, rules and regulations and none was provided prior to exit. 2. The Medical Staff Bylaws (adopted 7-04) indicated the following: " The Medical Staff By-laws, rules and regulations may be adopted, amended, or repealed with both of the following actions: 14.2.1 Medical Staff. The affirmative vote of a majority of the staff members ...and ...14.2.2 Board. The affirmative vote of a majority of the board ... "	S000122	Starting the 4th quarter, quarterly meeting 2013, the Medical By-Laws will be reviewed and approved by the Governing Board. This will be repeated in 2016. The administrator will be responsible for initiating the review of Medical By-Laws. Preparation will be completed by 11/30/2013 but the quarterly meeting will be held on December 12, 2013.	12/12/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
	3. The Governing Board minutes for 10-20-10, 2011, 2012, and 2013 failed to indicate that the medical staff bylaws were reviewed and approved by the governing board. 4. During an interview on 10-30-13 at 1110 hours, staff A2 confirmed that the governing board minutes failed to indicate board approval of the medical staff bylaws within the past three years.			
S000226	410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(e)(3) The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following: (3) Ensure that the center maintains a list of all contracted services, including the scope and nature of the services provided. Based on document review and interview, the center failed to maintain a list of all contracted services, including the scope and nature of services provided for 4 of 29 services. Findings: 1. Review of a list of contracted	S000226	Updated the Contracted Services List by adding our intracolular lens provider, our fire extinguisher provider, our alarm monitoring company and our medical trascrition -under leased employees. It includes the scope and nature of services provided. The administrator is responsible for keeping the list complete. A quarterly review of contracted	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	services provided by staff A1 failed to indicate a service provider for an intraocular lens provider, a fire extinguisher service, alarm monitoring and medical transcription. 2. Review of center documentation indicated the following: alarm monitoring by CS1, fire extinguisher service by CS2, and intraocular lens provider by CS3. 3. During an interview on 10-29-13 at 1510 hours, staff A1 indicated that the transcription service was provided by contractor CS4 and confirmed that the list of contracted services failed to indicate a service provider for alarm monitoring, fire extinguishers, intraocular lenses and medical transcription.		services for quality assurance will be contiued as well as making sure the list is complete. Any changes in service will be reviewed and approved by the Governing Board and documented.	
S000310	410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(1) The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: (1) All services, including services furnished by a contractor. Based on document review and interview, the center failed to ensure that	S000310	Contracted services for intraocular lens and medical transcription were added to the	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	all services were evaluated through its quality assessment and improvement (QA) program for 2 contracted services. Findings: 1. The 3 page 2013 Contract Services Quality Statement failed to indicate that the contracted service for intraocular lenses or medical transcription was evaluated or reviewed. 2. During an interview on 10-29-13 at 1620 hours, staff A1 confirmed that the 2013 Quality Statement failed to indicate that the intraocular lens provider or medical transcription service was reviewed through the QA program.		Quality Assurance Process Improvement quarterly review. The Administrator will be responsible for overseeing the QA program for Contracted Services.	
S000328	410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(b) (b) The center shall take appropriate action to address the opportunities for improvement found through the quality assessment and improvement program as follows: (1) The action must be documented. (2) The outcome of the action must be documented as to its effectiveness, continued follow-up, and impact on patient care. Based on document review and interview, the quality assurance (QA) program lacked documentation of an action in response to an identified concern for 2 concerns described in QA	S000328	Documentation will be more complete in the QA meeting minutes to reflect Topic, Discussion and Action required starting with the 4th quarter meeting on December 12, 2013.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	minutes and 2 concerns identified through center documentation. Findings: 1. The QA minutes dated 9-27-12, 12-10-12, 3-21-13 and 6-26-13 lacked a committee action in response to documentation indicating a failure to obtain ongoing IC education by the infection control (IC) nurse for 4 quarters. 2. The QA minutes dated 3-21-13, 6-26-13 and 9-26-13 lacked a committee action in response to documentation indicating medication shortages due to back-ordered pharmaceuticals for 3 quarters. 3. The QA minutes dated 3-21-13 and 6-26-13 and the 2013 Contract Services Quality Statement lacked documentation indicating a committee action corresponding to discontinuing the manufacturer ' s recommendations for anesthesia equipment maintenance identified through service records dated 4-09-13. 4. The 2012 and 2013 Contract Services Quality Statement lacked documentation indicating a concern related to a change in mowing and snow removal provider		Documentation will be added for IC education, any medication shortages or changes, anesthesia equipment and any changes that may occur in any contracted services as they apply. Subsctiption to APIC will be renewed for IC nurse. Documentation will appear in the QA meeting minutes.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
	identified through document review. 5. During an interview on 10-29-13 at 1600 hours, staff A1 confirmed that the QA program minutes lacked evidence of a committee action with ongoing monitoring in response to documentation indicating a lack of ongoing education for the IC nurse, back-ordered medications, discontinuing recommended maintenance for anesthesia equipment and discontinuing a contracted service provider.			
S000466	410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(g)(3) Sterilization services must be directed by a qualified person or persons and must provide for the following: (3) Records of results must be maintained and evaluated periodically in accordance with 410 IAC 15-2.4-2 to include, but not limited to, the following: (A) Records of recording thermometers or a daily record of the sterilizing cycle (date, time, temperature, pressure, and contents) for each sterilizer load. (B) Results of biological indicators used in testing the sterilizing processes. Based on document review, Board of	S000466	There will be a change in	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	Managers meeting minute review, and staff interview, the infection control officer failed to ensure the documentation of periodic evaluation of biological indicators/sterilization records. Findings: 1. at 11:55 AM on 10/28/13, review of the 2.49, 2.50, and 2.5 (Section Two - Medical Staff) "Quality Assurance Process Improvement Plan", dated 3/2013, indicated: a. on page 2.51, it reads that the committee will be responsible for, and evaluate: "...10. Infection Control...e. Sterilization Records" 2. at 10:15 AM on 10/28/13 and 1:45 PM on 10/30/13, review of the "Board of Managers" meetings for 3/21/13, 6/26/13, and 9/26/13 indicated: a. at the 3/21/13 meeting, documentation related to infection control activities read: "...Board of Managers discussed their role in overseeing Infection Control and the continued importance of staying abreast of all state and federal rules regarding infection control practices. Reviewed upcoming QAPI (quality assessment performance improvement) studies and the Board was pleased with the projects selected and the changes made in		documentation for Board of Managers to include Topic, Discussion and Action. Sterilization records will be reviewed for IU Health/Ball contracted sterilization and in house biologicals and documented. The minutes will be clear that each of these will be discussed, as they usually are, and discussion and action taken if needed. The Administrator will be responsible for the change in formatting for meeting minutes to capture the discussion and action of the Board of Managers. This change will be reflected at the 4th Quarter meeting, December 12, 2013.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	processes already studied. The Board reviewed and approved updated policies:..." b. at the 6/26/13 meeting, documentation related to infection control activities read: "...Board of Managers discussed their role in overseeing Infection Control and the continued importance of staying abreast of all state and federal rules regarding infection control practices. Reviewed upcoming QAPI studies and the Board was pleased with the projects selected and the changes made in processes already studied. The board reviewed and approved updated policies:..." c. at the 9/26/13 meeting, documentation related to infection control activities read: "...Board of Managers discussed their role in overseeing Infection Control and the continued importance of staying abreast of all state and federal rules regarding infection control practices. Reviewed upcoming QAPI studies and the Board was pleased with the projects selected and the changes made in processes already studied...." 3. interview with staff member #50, the RN (registered nurse) Administrator, at 10:50 AM on 10/28/13 and 4:00 PM on 10/30/13, indicated: a. there is a template used to write the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	Board of Managers meetings so that they read the same each month b. a dashboard of information is provided to the Board of Managers at their meetings which includes information from IU Health Ball related to contracted sterilization, but no reporting of in house biologicals is reported, or documented as evaluated, on a periodic basis, as is required by state rule c. review of the Board of Managers meeting minutes indicated the way they are written makes it unclear that specific infection control data, including sterilization/biological information, isdiscussed and/or reviewed at Board meetings			
S000526	410 IAC 15-2.5-2 LABORATORY SERVICES 410 IAC 15-2.5-2 (h) (h) All nursing and other center personnel performing laboratory testing shall have competency assessed annually with documentation of assessment maintained in the employee file for the procedures performed. Based on policy and procedure review, personnel file review, and staff interview, the facility failed to ensure the competency of two newly hired RNs (registered nurses) in the use of the glucometer for point of care testing	S000526	The Glucometer Competency for Point of Care will be added to the orientation packet for all new RN hires. Glucometer Competency completed and added to staff members N1 and N6 files. The administrator will be responsible for maintaining and updating	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	(staff members N1 and N6). Findings: 1. at 2:15 PM on 10/28/13, review of the policy and procedure 5.83 in Section 5, of the Nursing policies in the policy binder, related to the Glucometer Accu Chek, indicated that nursing staff competency in the accu chek would be obtained at the time of hire/orientation and on an annual basis 2. at 1:20 PM on 10/28/13 review of personnel files for staff member N1 (hired 5/1/13) and N6 (hired 4/10/13) indicated the form to sign off on competency for these two RNs was missing in their employee files 3. interview with staff member #51, the RN/Administrator, at 2:15 PM on 10/28/13 indicated: a. it was unknown how documentation of competency for the accu chek machine was missed during the orientation period for N1 and N6 b. the forms signing staff member N1 and N6 off on their glucometer competency was missing in both employee files		orientation packet to include POC Glucometer training and Cometency.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
S000530	410 IAC 15-2.5-2 LABORATORY SERVICES 410 IAC 15-2.5-2(i) (i) The center shall maintain a minimum supply of blood and blood products in compliance with state and federal laws or have a written agreement with a licensed blood center or transfusion service that meets all state and federal laws pertaining to collection, storing, testing, and or transfusing. Based on policy and procedure review and staff interview, the facility had no procedure in place to administer blood products, but had a policy stating that physicians could administer such products. Findings: 1. at 3:45 PM on 10/29/13, review of the policy and procedure 5.158 "Blood Transfusion Policy" (last approved 10/2012), indicated: a. "1. Blood transfusions are not done at this facility by Registered Nurses. b. "2. A standing agreement is in place with IU Health/Ball Memorial Hospital for blood in case of some untoward, unexpected, high risk-low volume event that may require such an action. This would be initiated, monitored continuously and be documented by a physician."	S000530	Policy on Blood Transfusion was updated. The statement number "2" was eliminated from the policy per direction from Medical Director. The administrator will be responsible for updating the Policy and bringing it to the quarterly meeting in December 2013 for discussion and approval.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	2. interview with staff member #53, the RN consultant, at 9:10 AM on 10/30/13, indicated: a. no blood products are to be given in this facility b. it is thought that statement #2. in the policy was placed in there only for the time of a disaster/emergency where the facility might become a triage/treatment center for patients, and not regarding the eye patients cared for routinely at this facility c. the facility does not have an agreement with the local hospital for blood products d. the facility does not have supplies to be able to administer blood products 3. interview with staff member #51, the physician/owner of the facility, at 4:30 PM on 10/30/13, indicated: a. it is unclear why the policy was written in such a way, because no blood products are to be administered at the facility, at any time			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
S000708	410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(a)(3) The medical staff shall do the following: (3) Make recommendations to the governing body on the appointment or reappointment of the applicant for a period not to exceed two (2) years. Based on document review and interview, the center failed to follow its medical staff bylaws regarding medical staff reappointment for 3 of 3 (MD01, MD02 and MD03) credential files reviewed. Findings: 1. The Medical Staff Bylaws (adopted 6-04) indicated the following: " The chairman of the Credentials Committee shall preside over all Credentials Committee meetings and see that the functions of said committee are carried out in accordance with these bylaws ...the Credentials Committee shall ...meet quarterly ...[and] ...submit recommendations to Board of Managers ...[and] ...not less than two members, shall constitute a quorum at any meeting of such committee ...[and] ...minutes of all meetings shall be prepared by the secretary of the meeting and shall include a record of the vote taken on each matter. Copies of such minutes	S000708	Meeting minutes will be updated to include a vote by Credentialing Committee and a recommendation to Governing Board by the Credentialing Committee. The meeting minutes from the Governing Board will reflect a review of the Credential Committee's recommendations and approval of reappointment of Medical Staff. This will be reflected in 2014 minutes upon necessity of recredentialing of physicians. The Administrator will be responsible to update meeting minutes of Credentialing Committee and Governing Body to reflect changes in documentation to include Topic, Discussion and Action.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	shall be signed by the presiding officer, approved by the attendees, forwarded to the medical staff and then the Governing Body ... " 2. Credential files for MD01, MD02 and MD03 indicated a reappointment recommendation date of 4-16-12 by MD01 acting as chairman for the Credentials Committee, president of the Medical Staff, and chairman of the Governing Board and no documentation of meeting minutes for the Credentials Committee, Medical Staff or Governing Board corresponded to the date. 3. The Credential Committee meeting minutes dated 3-29-12, 6-25-12, 9-27-12 and 12-10-12 failed to indicate that the committee reviewed the credential files for MD01, MD02 and MD03 with a vote to recommend governing board reappointment. 4. The Governing Board meeting minutes dated 3-29-12, 6-25-12, 9-27-12 and 12-10-12 failed to indicate that the credential committee reappointment recommendations for MD01, MD02 and MD03 were reviewed and accepted by the governing board. 5. During an interview on 10-30-13 at 1625 hours, MD01 confirmed that the 2012 Credentials Committee and Governing Board meeting minutes lacked documentation of committee recommendations or board			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
	reappointment for MD01, MD02 and MD03.			
S000732	410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(2) These bylaws and rules must be as follows: (2) Be reviewed at least triennially. Based on document review and interview, the medical staff failed to review and approve its bylaws within the past three years. Findings: 1. On 10-28-13 at 1030 hours, staff A1 was requested to provide documentation indicating the medical staff approval of its bylaws, rules and regulations and none was provided prior to exit. 2. The Medical Staff Bylaws (adopted 7-04) indicated the following: " The Medical Staff By-laws, rules and regulations may be adopted, amended, or repealed with both of the following actions: 14.2.1 Medical Staff. The affirmative vote of a majority of the staff members ...and ...14.2.2 Board. The affirmative vote of a majority of the board ... " The bylaws lacked a requirement for the medical staff to	S000732	Starting 4th quarter, Quarterly meeting 2013, the Medical By-Laws will be reviewed and approved by the Governing Board. This wil be repeated in 2016. The Administrator will be responsible for initiating the review of Medical By-Laws.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	conduct a review and approve its bylaws at least every three years. 3. The Medical Staff meeting minutes for 10-20-10, 2011, 2012, and 2013 failed to indicate that the medical staff bylaws were reviewed and approved by the medical staff. 4. During an interview on 10-30-13 at 1110 hours, staff A2 confirmed that the medical staff meeting minutes lacked documentation of the medical staff approval of its bylaws within the past three years.			
S001142	410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b) (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: (1) No condition in the center or on the grounds may be maintained which may be conducive to the harboring or breeding of insects, rodents, or other vermin. Based on observation and interview, the center failed to assure the operating rooms (OR) were maintained free of insects and related contaminants for 1	S001142	All ceiling light fixtures cleaned and all insects removed from OR 2 on 10/29/2013. The OR's are cleaned prior to surgery however to ensure the environment is	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	(room 2) of 2 OR rooms in use at the center. Findings: 1. During an observation on 10-29-13 at 1215 hours, the following condition was observed in the restricted surgical area OR-2: 3 of 4 ceiling light fixtures were observed to contain 5 dead insects in fixture-1, 4 dead insects in fixture-2, and 1 dead insect in fixture-3. Three dead spiders were observed on the floor in the northwest corner of the room adjacent to the return air duct. 2. During an interview on 10-29-13 at 1215 hours, staff A1 and A4 confirmed the OR room 2 observations of insects in 3 of 4 lighting fixtures and dead spiders on the floor in the corner. 3. During an observation on 10-30-13 at 1000 hours, no further evidence of insects was observed in OR-2.		maintained, a brief walk through of the OR's during non-surgery weeks by the IC nurse or designee to inspect for dead insects will improve the OR environment. The IC nurse will oversee routine inspection of OR's. Documentation will only be provided if there is an exception.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
S001146	410I AC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(2) (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: (2) No condition may be created or maintained which may result in a hazard to patients, public, or employees. Based on policy and procedure review, observation, and staff interview, the facility failed to ensure that no condition was created that might result in a hazard to patients in relation to expired products. Findings: 1. at 1:30 PM on 10/29/13, review of the policy and procedure "Reclamation of Outdated Supplies", 5.146, indicated: a. under "Policy", it reads: "All disposable supplies will be checked for expired dates and appropriately pulled off the shelves" b. under "Procedure", it reads: "Each month all supplies are inspected for package integrity and expiration...Any expired supplies will be appropriately discarded."	S001146	All cans of hand sanitizer were checked for expiration dates. The expired can was removed on 10/29/2013 and replaced with a non-expired hand sanitizer. All lab tubes that were expired were removed and new ones were ordered to replace them. LMA's were removed from the crash cart and new ones have been ordered. All disposable supplies will be checked monthly for expired dates and will be documented in monthly Safety Rounds. The administrator will be responsible to oversee that disposable supplies will be checked, pulled from shelves as needed and re-ordered as applies and documented.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	2. at 11:55 AM on 10/29/13, while on tour of OR (operating room) #2, in the company of staff member #50, the RN (registered nurse)/Administrator, it was observed that the can of alcohol based hand sanitizer had expired 6/2013 3. at 12:40 PM on 10/29/13, while on tour of the nursing station of the pre/post op area, in the company of staff member #50, the RN Administrator, it was observed in a drawer that 11 purple top lab tubes expired 9/12 and 8 red top lab tubes expired 9/13 4. at 10:15 AM on 10/30/13, it was observed in the crash cart that the following LMA's (laryngeal masks) had expired: a. in drawer #4, one size 5 that expired 3/28/12 b. in drawer #4, one size 3 that expired 8/28/13 c. in drawer #4, one size 4 that expired 2/28/12 d. in drawer #5, two size 5 that expired 7/28/13 e. in drawer #5, two size 4 that expired 9/28/13 f. in drawer #5, one size 3 that expired 8/28/13 5. interview with staff member #50, the RN administrator, at 11:55 AM on			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	10/29/30, and 10:30 AM and 1:30 PM on 10/29/13, indicated: a. it was thought that the staff was keeping up with expiration dates on alcohol based hand rubs b. this staff member checks supplies on a monthly basis and missed the lab tubes c. it was unknown that the LMAs had expiration dates			
S001164	410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(i) (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: (4) The patient care equipment requirements are as follows: (B) All patient care equipment must be in good working order and regularly serviced and maintained as follows: (i) All patient care equipment must be on a documented maintenance schedule of appropriate frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule. Based on document review and interview, the center failed to follow its policy/procedure regarding preventive	S001164	Anesthesia machines will be removed from the OR's due to expense to maintain equipment not used, needed or required per	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	maintenance (PM) and maintain all patient care equipment in accordance with the manufacturer ' s recommended service schedule for 2 anesthesia equipment. Findings: 1. The policy/procedure Equipment Use / Care Guidelines (approved 11-12) indicated the following: " Manufacturer ' s instructions/guidelines for equipment use will be followed ... " 2. PM documentation dated 4-09-13 indicated the following: " ...anesthesia PM ' s are to be functional checks only. Customer wishes, at this time, not to follow regular parts replacement schedule ... " 3. During an interview on 10-29-13 at 1635 hours, staff A1 confirmed that the PM documentation dated 4-09-13 failed to indicate that the 2 anesthesia equipment had been maintained per manufacturer ' s recommendations.		decision of the Medical Director. The Medical Director will be responsible for overseeing the removal of anesthesia machines. Policies will be updated to indicate changes related to no anesthesia machines in the facility. Those will be addressed at the December 12, 2013 quarterly meeting with discussion by the Governing Board. The Action will be documented in the Minutes by the Administrator.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE CATARACT & LASER EYE CENTER LLC	3300 W PURDUE AVE MUNCIE, IN 47304

(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
S001188	410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(4) (c) A safety management program must include, but not be limited to, the following: (4) A written fire control plan that contains provisions for the following: (A) Prompt reporting of fires. (B) Extinguishing of fires. (C) Protection of patients, personnel, and guests. (D) Evacuation. (E) Cooperation with firefighting authorities. (F) Fire drills. Based on document review and interview, the center failed to maintain and follow its policy/procedure for conducting quarterly fire drills for 4 of 5 required drills. Findings: 1. The policy/procedure Procedure in Case of Fire (approved 11-12) indicated the following: " Quarterly unannounced fire drills will be conducted ...[and] ...Initial response directions to fire and/or smoke: Pull the Fire Alarm. " The policy/procedure lacked a provision for notifying the alarm monitoring service before activating the alarm signal during a fire drill and lacked a	S001188	Revised the Fire Control Plan under Emergency Procedures that reflects better organization.All fire drills will begin by calling the Alarm Company, reporting a drill and pulling the fire alarm. In the event of a center evacuation, the sign in front of the outside of the building will be the designated location for staff, patients and visitors to gather. The Administrator will be responsible for completing quarterly fire drills and overseeing that the alarm company is called prior and for revising the written fire control plan.	11/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER MUNCIE CATARACT & LASER EYE CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 W PURDUE AVE MUNCIE, IN 47304	

(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
	location for staff to assemble in the event of a center evacuation. 2. Drill documentation dated 1-23-13 (no time indicated), 3-27-13, 6-26-13 (no time indicated), and 9-11-13 indicated a fire drill scenario was presented to staff with education regarding fire extinguisher use. Documentation dated 5-22-13 indicated that the fire alarm sounded and no evidence of fire or smoke was found. 3. During an interview on 10-29-13 at 1350 hours, staff A3 indicated that the fire alarm signal was not being activated when fire drills were being performed at the center. 4. During an interview on 10-29-13 at 1550 hours, staff A1 confirmed that the fire alarm signal was not being activated during the fire drill activity as per policy and confirmed that the policy/procedure lacked a provision for notifying the alarm service before sounding the alarm and lacked a location for meeting in the event of an evacuation.			