

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001012	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER THE EYE SURGICAL CENTER OF FORT WAYNE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 321 E WAYNE ST FORT WAYNE, IN 46802		
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S0000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 005393</p> <p>Survey Date: 3/13/2012 thru 3/15/2012</p> <p>Surveyors: Saundra Nolfi, RN Public Health Nurse Surveyor</p> <p>Albert Daeger Medical Surveyor</p> <p>QA: cloughlin 03/26/12</p> <p>4/19/12 revised due to IDR</p>	S0000	Survey information correct.		

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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S0153	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1(c) (5) (C)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(C) Orientation of all new employees, including contract and agency personnel, to applicable center and personnel policies.</p> <p>Based on contracted staff file review, housekeeping cleaning log review, policy and procedure review, and interview, the facility failed to ensure the contracted housekeeping staff received orientation for 4 of 4 staff members who cleaned the operating room in February 2012 (#P11, P14, P15, and P16).</p> <p>Findings included:</p> <p>1. The file for contracted staff employee #P11 contained documentation of HIPPA, Fire Safety, and Blood Borne Pathogens inservices from 08/18/11. The file also contained a copy of the facility's Housekeeping Services Policy, #11.01, signed on 08/17/11, with the notation, "I have received a copy of the housekeeping policy and procedure and agreed to abide by it." The file lacked documentation of any actual orientation or observations.</p>	S0153	<p>All 3 housekeepers in for inservice covering enviromental and housekeeping policies, and correct way to fill out cleaning log. Writer observed ALL 3 housekeepers cleaning the ASC OR's. Proper procedure was followed by all 3 housekeepers. I have a "pop-in" unannounced visit scheduled for May 2012. The Surgery Manager and the Medical Director will be in charge of monitoring and assuring compliance.4-4-12Meeting with Ciocca's owner Nick, and housekeeper, Nancy Parmentar to discuss related to housekeeper out for mothers' funeral for 8 days, but denying ever missing a day for "eight months" to surveyor. Spoke to Nick related to NECESSITY of the cleaning company alerting the surgery center EVERYTIME there is ANY change in staff, and for neglecting to provide surgery center with REQUIRED documentation on each and every employee</p>	04/04/2012			

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	<p>2. Review of the housekeeping cleaning log for February 2012 indicated initials of staff member #P11 and also initials for 3 other people, #P14, P15, and P16.</p> <p>3. The facility policy #10.01, "Environmental Control", last revised 02/10, indicated on the first page, "...2. The Surgery Manager will maintain current 'employee' files on contracted housekeepers." The policy continued with a list of items that must be included in the file.</p> <p>4. At 3:40 PM on 03/14/12, the contracted housekeeping staff member #P11 was interviewed. He/she indicated he/she had cleaned the facility for 15 months, was the only one who cleaned this facility, was never absent, and had no replacement. When the February cleaning log was reviewed, staff member #P11 had no explanation for the initials of 3 other people who indicated they had cleaned the facility.</p> <p>5. At 4:30 PM on 03/14/12, staff member #P1 also indicated he/she did not know whose initials were on the cleaning log and indicated he/she did not have any employee files for anyone other than staff member #P11.</p> <p>6. At 9:30 AM on 03/15/12, staff</p>		<p>entering ASC to clean. See Policy 10.11 and 11.01 attached SUBJECT: <u>ENVIRONMENTAL CONTROL Policy</u> Employees of the center shall cooperate with the Infection Control Committee for the formation of preventative and corrective programs designed to minimize infection hazards in the operating rooms. <u>Responsibility</u> The Surgery Manager is responsible for the overall program of maintaining a safe environment. It is the responsibility of the nursing staff to monitor specific sources such as refrigerators and the eyewash station on a regular basis and to duly record observations. <u>Function</u> The operating rooms must have a safe environment for patients so that the possibility of infections is minimized. All other areas will be similarly regarded. <u>Practice & Procedures</u> 1. Housekeeping services are monitored to assure that cleaning standards are followed including the use of appropriate germicidal cleaning agents. Approved germicidal cleaning agents must be EPA rated with a "kill time" of 15 minutes or less. 2. The Surgery Manager will maintain current "employee" files on contracted housekeepers. It is the</p>				

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	member #P1 indicated he/she had telephoned the owner of the cleaning company, staff member #P12. Staff member #P12 provided the names of #P14, P15, and P16, personnel who had cleaned the facility during the absence of staff member #P11, who was off due to a death in the family. Staff member #P1 confirmed he/she was not aware of those other staff members cleaning and had no orientation or files for them.		contracted company's responsibility to alert the Surgery Manager to any changes in housekeeping staff, and to provide the necessary paperwork for all contracted housekeeping staff. This file must include: a copy of the completed application from the contracted company, copy of contracted company's reference checks, employment physical, verification of Hepatitis B series or denial of vaccination, job description, police report/ criminal record, drug screen, proof of training, copies of periodic performance reviews, and post-tests from blood borne pathogens, fire and emergency operations, and HIPPA inservices. These 3 inservices will be those of The Eye Surgical Center, and are to be completed under the direction of the Surgery Manager. 3. Failure of the contracted cleaning company to alert the Surgery Manager to staffing changes, and failure to provide the required information in a timely manner, may result in termination of the cleaning contract. 4. The autoclave will be tested at least weekly, using biological indicators. The indicator is then incubated according to the manufacturer's recommendations and the results will be recorded and kept on file. In the pre-vacuum sterilizer, an air removal test pack will be performed before the first load of wrapped instruments each day in	

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			<p>an empty chamber. 5. The temperature in the center will be maintained between 68 degrees and 73 degrees with the humidity between 30-60%. Results will be recorded in a logbook. If temperatures fall outside of the acceptable parameters, the surgery manager will be immediately notified, and appropriate steps will be taken to correct any issues resulting from same. 6. Refrigerators are monitored with a thermometer and temperatures are recorded the days of surgery in a logbook. Acceptable ranges are 36-46 degrees. If temperature is noted to be outside these parameters, the surgery manager will be notified, and any medications or ect will be disposed of, and replenished. The refrigerator is question will be repaired or replaced. 7. The eyewash station is tested weekly and recorded in a logbook. 8. All logbooks are maintained in the center. <u>SUBJECT:</u> <u>HOUSEKEEPING SERVICES Policy</u> All areas of the center shall be maintained at an appropriate level of cleanliness relative to their function. Contract services shall be monitored to assure their performance is consistent with accepted standards. <u>Responsibility</u> The Surgery Manager is</p>	

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			<p>responsible for maintaining agreements for housekeeping services and for monitoring contracted housekeeping services to assure accepted levels of cleanliness.</p> <p>Function Assure that contract housekeeping services are performed according to prescribed procedures and standards.</p> <p>Practice & Procedures 1. Contract Service Company shall be provided with appropriate procedural guides for cleaning all areas of the center. Such procedures to be considered as an addendum to the contract. 2. The Surgery Manager shall confirm with contract service that employees are instructed in proper procedures. 3. The Surgery Manager shall monitor contract services and initiate corrective action if proper standards are not maintained. 4. Location of supplies: a. Supplies used in the cleaning of the recovery room, operating rooms, surgical hallway, clean processing room and soiled room shall be located in the housekeeping closet. The equipment and supplies used in the cleaning of the above-mentioned areas will not be used for cleaning any other areas of the center. 1) Soiled water shall be emptied in the drain in the housekeeping closet only. 2) The hose attached to the faucets in the</p>		

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			<p>housekeeping closet shall be kept up and wrapped around the faucets when not in use. It will be hand held when being used to fill buckets. 3) Used mop heads shall be removed from the housekeeping closet daily. 4) All cleaning supplies stored on the shelves shall be clearly labeled.</p> <p>b. Supplies used to clean the remaining areas of the center bathrooms, dressing areas, staff dressing area, lobby/reception area and Surgery Manager's office shall be located on a specified cleaning cart in the building's general housekeeping cleaning storage area. This cart will be stocked so that all needed cleaning materials can be brought to the center at one time. Set up on this cart is as follows:</p> <p><u>Supplies:</u> <u>Uses:</u> 20" treated dust mop dusting of hard surface floors 24 oz. microfiber wet mops washing of floors mop pails and wringer washing of floors large/small plastic bags trash receptacle pistol spray bottles washing of equipment germicidal cleaner cleaning of fixtures glass cleaner cleaning of glass/mirrors all purpose disinfectant and water cleaning of waste container, etc. duster cleaning of wood furniture all purpose cleaning sanitizing agents cleaning/sanitizing sinks, faucets, toilets wiping cloths cleaning and wiping wet vac/vacuum cleaner cleaning floors/vacuuming carpeted floors c. After</p>	

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			<p>completion of cleaning, the cleaning cart shall be returned to the general cleaning storage area where: 1) Cart will be cleaned. 2) All supplies are stored. 3) Dirty mop heads and cloths are removed and replaced with clean ones. 4) Treated dust mop head will be changed and a newly treated clean dust mop head applied. 5) All supplies used on the cart are clearly labeled. 5. Apparel for cleaning personnel.</p> <p>a. While cleaning the operating rooms, clean processing room, soiled room and surgical hallway, cleaning personnel will put on the following apparel prior to entering these areas: 1) Surgical scrub suit in surgical area. 2) Surgical hat. 3) Surgical shoe covers. b. Cleaning personnel may change back to their normal work clothes for cleaning of the lobby/reception areas, Pre- and Post-operative area. c. Location of cleaning apparel/changing areas. 1) Scrub suits and related garb should be obtained from designated location in the staff dressing rooms and donned before entering clean areas. 2) Once the areas requiring special apparel are completed, scrub suits will be placed in dirty linen hamper and the shoe covers, mask and hat put in trash. 6. Sequence of cleaning effort</p> <p>a. Operating Rooms b. Clean Processing Room c. Surgical Hallway d. Soiled Utility e. Janitorial Closet f. Staff Restroom g. Pre-Op</p>		

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			Area h. Post-Op Area i. Surgery Manager's office j. Patient Restroom k. Laser Surgery Room l. Lobby, Reception Area 7. Cleaning Procedures In all instances "daily" task do not apply when the facility is not utilized.	

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S0156	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (E)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(E) Maintenance of current job descriptions with reporting responsibilities for all personnel and annual performance evaluations, based on a job description, for each employee providing direct patient care or support services, including contract and agency personnel, who are not subject to a clinical privileging process.</p> <p>Based on document review and staff interview, the governing body failed to maintain job descriptions outlining all responsibilities for the Safety Manager (#17) and failed to maintain job descriptions outlining all responsibilities for 4 of 4 unlicensed staff members (#P5, P6, P7, and P8).</p> <p>Findings included:</p> <ol style="list-style-type: none"> The Eye Surgical Center of Fort Wayne governing board minutes identified that staff member #17 was the Safety Manager. The job description for staff member #17 lacked the qualifications required to 	S0156	<p>Safety Officer Job Description created. Safety Officer signed Job Description. The Surgery Manager and the Mediccal Director will insure this job description is followed. See Attached copy of Job Description Policy 3.04a JOB DESCRIPTION Position: Safety Officer Pay Status: Hourly Department: ASC Reports to: Surgery Manager Company: The Eye Surgical Center of Fort Wayne PRIMARY JOB FUNCTION: The Safety Officer is responsible for overseeing that the ASC is a safe workplace, that the ASC follow all safety policies in all aspects of patient care and work duties, and for conducting safety related inservices for the ASC staff. ESSENTIAL JOB FUNCTINS: 1. Tours the ASC</p>	04/09/2012

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	<p>be the facility's Safety Manager. The job description did not evidence essential job functions pertaining to the role of Safety Manager.</p> <p>3. At 4:00 PM on 3/14/2012, staff member #1 identified that staff member #17 was appointed the job responsibilities as the Safety Manager. However, staff member #1 indicated the facility has never identified the essential functions and responsibilities for the Safety Manager.</p>		<p>weekly and as needed monitoring for any safety related issues. Reports same to Surgery Manager, in writing. 2. Completes monthly ASC safety inspection. Reports any areas of concern to the Surgery Manger, in writing. 3. Monitors ASC staff to assure safety of work and patient care. Reports all concerns to the Surgery Manager, in writing. 4. Conducts safety related inservices in conjunction with Surgery Manager. JOB REQUIREMENTS: 1. Knowledge of ASC safety policies. 2. Understanding of OSHA compliance as it applies to the ASC. 3. Outstanding interpersonal and communication skills. DEGREE OF SUPERVISION, INDEPENDENCE, AND DISCRETION: This position requires a great deal of initiative, and autonomy. Must be able to maintain 5 safety education units per year through articles, seminars, and etcetera. PHYSICAL DEMANDS: Good hearing and visual acuity are required, as is the ability to interact with ASC staff to assure the safety of the ASC and our patients. April 4, 2012 An inservice was held in the ASC today for all non-licensed staff. The topic was "Topical Eye Medications: Indications, Usage, and Undesired effects." The attending staff</p>		

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			<p>also were "checked-off" on proper technique of administering topical eye medications. Discussion concerning the fulfillment of assigned responsibilities and the pre-surgical procedures was held. Those in attendance included: Yanet Lopez Jenilee Worman Erin Kendall Nicky Chaney Ollge Dallta April Zent All Medication Authorizations where then signed by Dr. Parent and myself for 2012. Respectfully Submitted, Patty Emrich, RN Nurse Manager The Eye Surgical Center of Fort Wayne</p> <p><u>SUBJECT:</u> <u>MEDICATION</u> <u>SAFETY</u></p> <p>- <u>Policy</u> Medication safety is provided in accordance with ethical and professional practice and is provided in a controlled safe manner in the surgery center.</p> <p><u>Responsible</u> <u>Staff</u> _ Surgery Staff and Physicians</p> <p><u>Practice &</u> <u>Procedure</u></p>	
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			<p>-</p> <p>1. Staff properly trained and in-serviced on medication safety, administration and knowledge of medication usage and side effects. All training and in services will be appropriately documented. Only licensed staff will be allowed to administer controlled substances. (ie: Nurses and Physicians)</p> <p>2. An employee of The Eye Surgical Center of Fort Wayne, who is not an RN or LPN, may administer certain medications under the following guidelines:</p> <p>(a) The employee has taken the QMA medication course and has been certified by the ISBH or has been trained in medication safety, administration and usage by the Registered Nurse. Documentation of medication training will be kept on file. (b) The employee will meet on a regular basis, with the Surgery Manager, to renew the medical staff approval and to evaluate competency. (c) The employee will be limited to administering only topical eye medications. The employee will not be allowed to administer narcotics.</p> <p>1. Records and security are maintained to assure control and safe dispensing of drugs in compliance with federal and state laws.</p> <p>2. All controlled substances are counted at the beginning of the day and the end of the surgery day. The drug counts are logged</p>	

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			<p>on a narcotic documentation sheet and kept in the center.</p> <p>3. Staff informs the patient of medication use and checks for drug allergy and interactions prior to administering the drug.</p> <p>4. All medications, including vaccines for employees and samples, are checked for expiration dates on a regular basis, and prior to administering. Expired items are disposed of in a manner that prevents unauthorized access and is environmentally safe.</p> <p>5. All medications that are drawn into syringes or oral medications that are removed from their original package must be appropriately labeled if not administered immediately to the patient. This includes the pre/post op and intraoperative settings. All pre-filled syringes must be initialed by the person who draws it, dated and timed to indicate when they were drawn and labeled as to content and expiration date.</p> <p>6. Multi-dose vials when used will be labeled with date and employee/physician initials when opened. These medications will be considered outdated 28 (twenty-eight) days after the vial was opened unless specified differently from manufacture or vial contents have been considered compromised. This includes all eye drop medications used pre/post and intra-operatively. Eye drop</p>		

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			<p>bottles will be cleansed with an alcohol prep pad after each patient use. Vials will be cleansed with an alcohol prep pad after and prior to each use.</p> <p>1.All adverse reactions to a drug or biological that a patient experiences while in the facility must be reported promptly to the physician responsible for the patient. This permits the physician to assess the patient in a timely manner and determine if additional treatment is required to counteract the adverse reaction. All adverse reactions must be documented in the medical record.</p> <p>2.All medication errors are to be immediately reported to Surgery Supervisor and attending physician. Patient will be assessed after error to determine adverse or unwanted reaction to error and documented in patient's chart. Documentation of error will be reported on Incident Report and reported in quarterly QA meetings. Follow-up to medication error will follow as deemed necessary per recommendations from QA committee.</p> <p>3. Medications will be stored in a well light area.</p> <p>4. All medications in original packaging will have a legible label that includes name of drug, drug strength, approved route of administration, name of manufacturer, Lot #, and expiration date.</p>	

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NAME OF PROVIDER OR SUPPLIER THE EYE SURGICAL CENTER OF FORT WAYNE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 321 E WAYNE ST FORT WAYNE, IN 46802
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			<p>5. Narcotic keys will only be accessible to licensed nursing staff, and physicians.</p> <p>6. Medication review shall be completed quarterly by a Licensed Pharmacist contracted by the Surgery Center.</p> <p>Medication Administration Authorization I, J. Rex Parent, MD, Chief Executive Officer, of The Eye Surgical Center of Fort Wayne medical staff, give _____ consent to administer topical eye medications, based upon the fact that this employee will administer the medications under the supervision of an Licensed Practical Nurse or a Registered Nurse. The employee has received training and has been evaluated for competency in fulfilling responsibilities of administering topical eye medications and special procerures commonly used at The Eye Surgical Center of Fort Wayne. This competency will be evaluated on a regular basis. Date of Training: J. Rex Parent, MD OR Supervisor Employee Signature Date _</p> <p>Job Description</p> <p>POSITION</p> <p>TITLE: Nursing Assistant</p> <p>DEPARTMENT: Surgery REPORTS TO: Surgery</p>	

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			<p>Manager. Assumes direction from all professional nursing and physician staff. COMPANY: The Eye Surgical Center of Fort Wayne</p> <p>PRIMARY JOB FUNCTION:</p> <p>The Nursing Assistant assists the nursing staff and supports the operation of the ambulatory surgery center. ESSENTIAL FUNCTIONS: 1. Prepares set-ups, materials and equipment for cases as needed and assists surgical team in all types of procedures as required. 2. Assists in transportation and preparation of patients including verifying of patient identification. 3. Assists in maintaining aseptic environment for patients. 4. Assists in maintaining clean, safe, and functional operating room environment and equipment. 5. Assists professional personnel in the control of supplies and medication. 6. May administer topical eye medications, after being trained in medication safety, administration, and usage by a Registered Nurse. 7. Assists in maintaining inventory control of instrumentation, including appropriate records and documentation. 8. Assists family members in viewing room during procedure. 9. Assists in identifying the need for and care of surgical instruments. 10. Assists in the sterilization process</p>	

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			<p>of all surgical instruments, including maintaining appropriate records relating to the operation of sterilizing equipment. 11. This position has been evaluated according to universal precautions and associated risk level. This position has been determined High Risk and employee has signed a risk level evaluation form. The jobholder must demonstrate current competencies applicable to the job position. EDUCATION: Graduate of High School or GED. EXPERIENCE: Minimum of one-year experience in health care or qualified in-house training. REQUIREMENTS: CPR. KNOWLEDGE: 1. Knowledge of technical requirements for surgical procedures. 2. Knowledge of center policies and procedures. 3. Knowledge of all aspects of scope of patient care relative to Nursing Assistant. SKILLS: 1. Must demonstrate proficiency in general skills relative to center policies and procedures, pre-op, surgery, scrub routine, post-op, and equipment. (See Skill Proficiency Checklist) ABILITIES: 1. Ability to work effectively with patients, physicians, staff, and external agencies. 2. Ability to listen and understand OR personnel wearing routine OR attire, i.e. masks. 3. Ability to review and read handwritten chart notations. 4. Ability to determine patient care needs and provide</p>		

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			<p>such needs or communicate said needs to appropriate nursing and/or physician staff.</p> <p>PHYSICAL/MENTAL DEMANDS: May require sitting, standing, or walking associated with normal outpatient surgical environment activity. May require utilizing proper body mechanics for positioning and transporting patients by cart or wheelchair. May require lifting, moving, or transporting supplies, instruments, and equipment.</p> <p>ENVIRONMENTAL/WORKING CONDITIONS: Normal outpatient surgical environment. Occasional evening or weekend work. May require on-call status.</p> <p style="text-align: center;">Job Description</p> <p>POSITION TITLE:</p> <p>Operating Room Technologist</p> <p>DEPARTMENT: Surgery REPORTS TO: Surgery Manager. Assumes direction from all professional nursing and physician staff. COMPANY: The Eye Surgical Center of Fort Wayne .</p> <p>PRIMARY JOB FUNCTION:</p>	

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			<p>The Operating Room Technologists works with surgical team to perform scrub duties and other related procedures as necessary to assist the professional staff. Operating Room Technologists may assist in circulating duties under the supervision of a qualified Registered Nurse who is immediately available to respond to emergencies. ESSENTIAL JOB FUNCTIONS: 1. Prepares set-ups, materials and equipment for cases as needed and assists surgical team in all types of procedures as required. 2. Assists in transportation and preparation of patients including verifying of patient identification. 3. Maintains aseptic environment for patients. 4. Maintains clean, safe, and functional operating room environment and equipment. 5. Assists professional personnel in the control of supplies and medication. 6. Maintains inventory control of instrumentation, including appropriate records and documentation. 7. Maintains and updates physician preference sheets and pack lists for each surgeon and the procedures they perform. 8. Responsible for identifying the need for and care of surgical instruments. 9. Responsible for the sterilization process of all surgical instruments, including maintaining appropriate records relating to the</p>	

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			<p>operation of sterilizing equipment. 10. May administer topical eye medications, after being trained in medication safety, administration, and usage by an Registered Nurse. 11. This position has been evaluated according to universal precautions and associated risk level. This position has been determined High Risk and employee has signed a risk level evaluation form. The job holder must demonstrate current competencies applicable to the job position. EDUCATION: Certifications may be completed as a Surgical Technologist, Ophthalmic Surgical Assistant, Ophthalmic Technologist, or Ophthalmic Assistant. Operating Room Technology Certification may be waived if the Private scrub/Surgical Technologist was employed on staff by The Eye Surgical Center of Fort Wayne prior to July 1, 2009 with surgical tech privileges. A physician currently appointed to The Eye Surgical Center's medical staff must oversee the private scrub/ surgical technologist practice in the surgical center. The waiver authority is delegated to the Medical Director. The Surgical Technologist shall maintain a yearly record of their qualifying education unit's (EU). Fifteen (15) EU's are required per year. The following are samples of how EU's may be earned: 1. Quarterly Staff Inservices-as</p>		

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			<p>designated by Surgery Manager (1 EU) 2. Qualified Articles from Journal Magazines-(1 EU) 3. Additional Educational Projects may be assigned and granted EU's by Surgery Manager. Amount of EU's to be determined by Surgery Manager 4. Qualified Seminars</p> <p>EXPERIENCE: Minimum of one-year operating room experience or qualified in-house training. REQUIREMENTS: None KNOWLEDGE: 1. Knowledge of technical requirements for surgical procedures. 2. Knowledge of center policies and procedures. 3. Knowledge of all aspects of scope of patient care relative to Operating Room Technologist. 4. Knowledge of aspects of patient care relative to the circulating duties as delegated and under the supervision of the Registered Nurse. SKILLS: 1. Must demonstrate proficiency in general skills relative to center policies and procedures, pre-op, surgery, scrub routine, post-op, and equipment. (See Skill Proficiency Checklist)</p> <p>ABILITIES: 1. Ability to work effectively with patients, physicians, staff, and external agencies. 2. Ability to listen and understand OR personnel wearing routine OR attire, i.e. masks. 3. Ability to review and read handwritten chart notations. 4. Ability to determine patient care needs and provide such</p>		

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	4. Review of the personnel file for staff member #P5, a nursing assistant, indicated a document titled "Medication Administration Authorization", signed on 03/01/10 by staff member #P5, the surgery manager #P1, and the physician #P2. The document indicated the physician gave the employee "Consent to administer topical medications or medications taken by mouth, based upon the fact that this employee will administer the medications under the supervision of a Registered Nurse. The employee has		needs or communicate said needs to appropriate nursing and/or physician staff. PHYSICAL/MENTAL DEMANDS: May require sitting, standing, or walking associated with normal outpatient surgical environment activity. May require utilizing proper body mechanics for positioning and transporting patients by cart or wheelchair. May require lifting, moving, or transporting supplies, instruments, and equipment. ENVIRONMENTAL/WORKING CONDITIONS: Normal outpatient surgical environment. Occasional evening or weekend work. May require on-call status. The Surgery Manager and the Medical Director will be responsible to keep all non-licensed staff updated yearly on topical eye medication administration.	

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	<p>received training related to desired and undesired effects of medications commonly used at [the facility]."</p> <p>5. Review of the personnel file for staff member #P6, an operating room (OR) tech, indicated a document titled "Medication Administration Authorization", signed on 02/01/10 by staff member #P6, the surgery manager #P1, and the physician #P2. The document indicated the physician gave the employee "Consent to administer topical medications or medications taken by mouth, based upon the fact that this employee will administer the medications under the supervision of a Registered Nurse. The employee has received training related to desired and undesired effects of medications commonly used at [the facility]."</p> <p>6. Review of the personnel file for staff member #P7, an operating room (OR) tech, indicated a document titled "Medication Administration Authorization", signed on 03/01/10 by staff member #P7, the surgery manager #P1, and the physician #P2. The document indicated the physician gave the employee "Consent to administer topical medications or medications taken by mouth, based upon the fact that this employee will administer the medications</p>			

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	<p>under the supervision of a Registered Nurse. The employee has received training related to desired and undesired effects of medications commonly used at [the facility]."</p> <p>7. Review of the personnel file for staff member #P8, a scrub tech, indicated a document titled "Medication Administration Authorization", signed on 01/28/10 by staff member #P8, the surgery manager #P1, and the physician #P2. The document indicated the physician gave the employee "Consent to administer topical medications or medications taken by mouth, based upon the fact that this employee will administer the medications under the supervision of a Registered Nurse. The employee has received training related to desired and undesired effects of medications commonly used at [the facility]."</p> <p>8. The facility policy #8.03 "Medication Safety", last revised 01/10, indicated on the first page, "...1. Staff properly trained and in-serviced on medication safety, administration and knowledge of medication usage and side effects. All training and in-services will be appropriately documented. ...2. An employee of [the facility], who is not an RN (Registered Nurse) or LPN (Licensed Practical Nurse), may administer certain</p>			

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	<p>medications under the following guidelines: (a) The employee has taken the QMA (Qualified Medication Aide) medication course and has been certified by the ISBH or has been trained in medication safety, administration and usage by the Registered Nurse. (b) The employee will meet yearly with the Surgery Manager to renew the medical staff approval and to update training as necessary. (c) The employee will be limited to administering only topical eye medications and limited oral medications. (Tylenol, Diamox, Osmaglyn) The employee will not be allowed to administer narcotics."</p> <p>9. Review of the job descriptions for the nursing assistant, OR techs, and scrub tech failed to indicate any documentation regarding the administration of topical or oral medications.</p> <p>10. At 3:00 PM on 03/13/12, staff member #P1 confirmed the job descriptions did not specify the administration of topical or oral medications. He/she also confirmed none of the unlicensed staff members had taken the QMA course.</p>						

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S0176	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (M)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(M) Demonstrating and documenting personnel competency in fulfilling assigned responsibilities and verifying in-service in special procedures.</p> <p>Based on personnel file review, policy and procedure review, other facility document review, and interview, the governing body failed to ensure 4 of 4 unlicensed staff members (#P5, P6, P7, and P8) received training and provided competency in administration of topical and oral medications.</p> <p>Findings included:</p> <p>1. Review of the personnel file for staff member #P5, a nursing assistant, indicated a document titled "Medication Administration Authorization", signed on 03/01/10 by staff member #P5, the surgery manager #P1, and the physician #P2. The document indicated the physician gave the employee "Consent to administer topical medications or medications taken by mouth, based upon the fact that this employee will administer</p>	S0176	<p>Policies re-written. The Surgery Manager and the Medical Director will insure competency is evaluated on a regular basis for all non-licensed staff.</p> <p><u>SUBJECT:</u> <u>MEDICATION</u> <u>SAFETY</u></p> <p>- <u>Policy</u> Medication safety is provided in accordance with ethical and professional practice and is provided in a controlled safe manner in the surgery center.</p> <p><u>Responsible</u> <u>Staff</u> - Surgery Staff and Physicians</p> <p><u>Practice &</u> <u>Procedure</u></p>	04/04/2012	

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	<p>the medications under the supervision of a Registered Nurse. The employee has received training related to desired and undesired effects of medications commonly used at [the facility]."</p> <p>The file contained an "Employee Proficiency Checklist" from 01/01/10 that had an "S" for satisfactory beside the topic of "Medication Administration/Usage/Side Effects", but was not signed by any supervisor or manager. Another form "Employee General Orientation Check List/Proficiency Check List" was initialed by the surgery manager, staff member #P1 on 03/18/10, beside "Medication Administration/Usages/Side Effects. The file also contained a post test from 02/22/12 from a "Medication Error Inservice". The file lacked documentation of actual training for topical or oral medication administration.</p> <p>2. Review of the personnel file for staff member #P6, an operating room (OR) tech, indicated a document titled "Medication Administration Authorization", signed on 02/01/10 by staff member #P6, the surgery manager #P1, and the physician #P2. The document indicated the physician gave the employee "Consent to administer topical medications or medications taken</p>		<p>-</p> <p>1. Staff properly trained and in-serviced on medication safety, administration and knowledge of medication usage and side effects. All training and in services will be appropriately documented. Only licensed staff will be allowed to administer controlled substances. (ie: Nurses and Physicians)</p> <p>2. An employee of The Eye Surgical Center of Fort Wayne, who is not an RN or LPN, may administer certain medications under the following guidelines:</p> <p>(a) The employee has taken the QMA medication course and has been certified by the ISBH or has been trained in medication safety, administration and usage by the Registered Nurse. Documentation of medication training will be kept on file. (b) The employee will meet on a regular basis, with the Surgery Manager, to renew the medical staff approval and to evaluated competency. (c) The employee will be limited to administering only topical eye medications. The employee will not be allowed to administer narcotics.</p> <p>1. Records and security are maintained to assure control and safe dispensing of drugs in compliance with federal and state laws.</p> <p>2. All controlled substances are counted at the beginning of the day and the end of the surgery day. The drug counts are logged</p>		

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	<p>by mouth, based upon the fact that this employee will administer the medications under the supervision of a Registered Nurse. The employee has received training related to desired and undesired effects of medications commonly used at [the facility]."</p> <p>The file contained an "Employee Proficiency Checklist" from 01/01/10 that had an "S" for satisfactory beside the topic of "Medication Administration/Usage/Side Effects", but was not signed by any supervisor or manager. Another form "Employee General Orientation Check List/Proficiency Check List" was initialed by the surgery manager, staff member #P1 on 04/14/10, beside "Medication Administration/Usages/Side Effects. The file also contained a post test from 02/27/12 from a "Medication Error Inservice". The file lacked documentation of actual training for topical or oral medication administration.</p> <p>3. Review of the personnel file for staff member #P7, an operating room (OR) tech, indicated a document titled "Medication Administration Authorization", signed on 03/01/10 by staff member #P7, the surgery manager #P1, and the physician #P2. The document indicated the physician gave</p>		<p>on a narcotic documentation sheet and kept in the center.</p> <p>3. Staff informs the patient of medication use and checks for drug allergy and interactions prior to administering the drug.</p> <p>4. All medications, including vaccines for employees and samples, are checked for expiration dates on a regular basis, and prior to administering. Expired items are disposed of in a manner that prevents unauthorized access and is environmentally safe.</p> <p>5. All medications that are drawn into syringes or oral medications that are removed from their original package must be appropriately labeled if not administered immediately to the patient. This includes the pre/post op and intraoperative settings. All pre-filled syringes must be initialed by the person who draws it, dated and timed to indicate when they were drawn and labeled as to content and expiration date.</p> <p>6. Multi-dose vials when used will be labeled with date and employee/physician initials when opened. These medications will be considered outdated 28 (twenty-eight) days after the vial was opened unless specified differently from manufacture or vial contents have been considered compromised. This includes all eye drop medications used pre/post and intra-operatively. Eye drop</p>				

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NAME OF PROVIDER OR SUPPLIER THE EYE SURGICAL CENTER OF FORT WAYNE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 321 E WAYNE ST FORT WAYNE, IN 46802			
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	<p>the employee "Consent to administer topical medications or medications taken by mouth, based upon the fact that this employee will administer the medications under the supervision of a Registered Nurse. The employee has received training related to desired and undesired effects of medications commonly used at [the facility]."</p> <p>The file contained an "Employee Proficiency Checklist" from 01/01/10 that had an "S" for satisfactory beside the topic of "Medication Administration/Usage/Side Effects", but was not signed by any supervisor or manager. Another form "Employee General Orientation Check List/Proficiency Check List" was initialed by the surgery manager, staff member #P1 on 02/24/10, beside "Medication Administration/Usages/Side Effects. The file also contained a post test from 02/16/12 from a "Medication Error Inservice". The file lacked documentation of actual training for topical or oral medication administration.</p> <p>4. Review of the personnel file for staff member #P8, a scrub tech, indicated a document titled "Medication Administration Authorization", signed on 01/28/10 by staff member #P8, the surgery manager #P1, and the physician</p>		<p>bottles will be cleansed with an alcohol prep pad after each patient use. Vials will be cleansed with an alcohol prep pad after and prior to each use.</p> <p>1.All adverse reactions to a drug or biological that a patient experiences while in the facility must be reported promptly to the physician responsible for the patient. This permits the physician to assess the patient in a timely manner and determine if additional treatment is required to counteract the adverse reaction. All adverse reactions must be documented in the medical record.</p> <p>2.All medication errors are to be immediately reported to Surgery Supervisor and attending physician. Patient will be assessed after error to determine adverse or unwanted reaction to error and documented in patient's chart. Documentation of error will be reported on Incident Report and reported in quarterly QA meetings. Follow-up to medication error will follow as deemed necessary per recommendations from QA committee.</p> <p>3. Medications will be stored in a well light area.</p> <p>4. All medications in original packaging will have a legible label that includes name of drug, drug strength, approved route of administration, name of manufacturer, Lot #, and expiration date.</p>				

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	<p>#P2. The document indicated the physician gave the employee "Consent to administer topical medications or medications taken by mouth, based upon the fact that this employee will administer the medications under the supervision of a Registered Nurse. The employee has received training related to desired and undesired effects of medications commonly used at [the facility]."</p> <p>The file contained an "Employee Proficiency Checklist" from 01/01/10 that had an "S" for satisfactory beside the topic of "Medication Administration/Usage/Side Effects", but was not signed by any supervisor or manager. Another form "Employee General Orientation Check List/Proficiency Check List" was initialed by the surgery manager, staff member #P1 on 01/04/10, beside "Medication Administration/Usages/Side Effects. The file also contained a post test from 02/27/12 from a "Medication Error Inservice". The file lacked documentation of actual training for topical or oral medication administration.</p> <p>5. The facility policy #8.03 "Medication Safety", last revised 01/10, indicated on the first page, "...1. Staff properly trained and in-serviced on medication safety, administration and knowledge of</p>		<p>5. Narcotic keys will only be accessible to licensed nursing staff, and physicians. 6. Medication review shall be completed quarterly by a Licensed Pharmacist contracted by the Surgery Center.</p> <p>Medication Administration Authorization I, J. Rex Parent, MD, Chief Executive Officer, of The Eye Surgical Center of Fort Wayne medical staff, give</p> <p>_____ consent to administer topical eye medications, based upon the fact that this employee will administer the medications under the supervision of an Licensed Practical Nurse or a Registered Nurse. The employee has verified competency, through in-servicing, in fulfilling responsibilities of administering topical eye medications and in performing special procedures commonly used at The Eye Surgical Center of Fort Wayne. This competency will be evaluated on a regular basis. Date of Training: J. Rex Parent, MD OR Supervisor Employee Signature Date . .</p> <p>POSITION TITLE: Nursing Assistant DEPARTMENT: Surgery</p>				

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	<p>medication usage and side effects. All training and in-services will be appropriately documented. ...2. An employee of [the facility], who is not an RN (Registered Nurse) or LPN (Licensed Practical Nurse), may administer certain medications under the following guidelines: (a) The employee has taken the QMA (Qualified Medication Aide) medication course and has been certified by the ISBH or has been trained in medication safety, administration and usage by the Registered Nurse. (b) The employee will meet yearly with the Surgery Manager to renew the medical staff approval and to update training as necessary. (c) The employee will be limited to administering only topical eye medications and limited oral medications. (Tylenol, Diamox, Osmaglyn) The employee will not be allowed to administer narcotics."</p> <p>6. Review of the job descriptions for the nursing assistant, OR techs, and scrub tech failed to indicate any documentation regarding the administration of topical or oral medications.</p> <p>7. At 3:00 PM on 03/13/12, staff member #P1 confirmed the job descriptions did not specify the administration of topical or oral medications. He/she also confirmed none of the unlicensed staff</p>		<p>REPORTS TO: Surgery Manager. Assumes direction from all professional nursing and physician staff. COMPANY: The Eye Surgical Center of Fort Wayne _</p> <p>PRIMARY JOB FUNCTION:</p> <p>The Nursing Assistant assists the nursing staff and supports the operation of the ambulatory surgery center. ESSENTIAL FUNCTIONS:</p> <ol style="list-style-type: none"> 1. Prepares set-ups, materials and equipment for cases as needed and assists surgical team in all types of procedures as required. 2. Assists in transportation and preparation of patients including verifying of patient identification. 3. Assists in maintaining aseptic environment for patients. 4. Assists in maintaining clean, safe, and functional operating room environment and equipment. 5. Assists professional personnel in the control of supplies and medication. 6. May administer topical eye medications, after being trained in medication safety, administration, and usage by a Registered Nurse. 7. Assists in maintaining inventory control of instrumentation, including appropriate records and documentation. 8. Assists family members in viewing room during procedure. 9. Assists in identifying the need for and care of surgical instruments. 10. 				

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	members had taken the QMA course. He/she could not provide documentation of training, competency, or course content for topical or oral medication administration.		Assists in the sterilization process of all surgical instruments, including maintaining appropriate records relating to the operation of sterilizing equipment. 11. This position has been evaluated according to universal precautions and associated risk level. This position has been determined High Risk and employee has signed a risk level evaluation form. The jobholder must demonstrate current competencies applicable to the job position. EDUCATION: Graduate of High School or GED. EXPERIENCE: Minimum of one-year experience in health care or qualified in-house training. REQUIREMENTS: CPR. KNOWLEDGE: 1. Knowledge of technical requirements for surgical procedures. 2. Knowledge of center policies and procedures. 3. Knowledge of all aspects of scope of patient care relative to Nursing Assistant. SKILLS: 1. Must demonstrate proficiency in general skills relative to center policies and procedures, pre-op, surgery, scrub routine, post-op, and equipment. (See Skill Proficiency Checklist) ABILITIES: 1. Ability to work effectively with patients, physicians, staff, and external agencies. 2. Ability to listen and understand OR personnel wearing routine OR attire, i.e. masks. 3. Ability to review and read handwritten chart notations. 4. Ability to determine		

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			<p>patient care needs and provide such needs or communicate said needs to appropriate nursing and/or physician staff.</p> <p>PHYSICAL/MENTAL DEMANDS: May require sitting, standing, or walking associated with normal outpatient surgical environment activity. May require utilizing proper body mechanics for positioning and transporting patients by cart or wheelchair. May require lifting, moving, or transporting supplies, instruments, and equipment.</p> <p>ENVIRONMENTAL/WORKING CONDITIONS: Normal outpatient surgical environment. Occasional evening or weekend work. May require on-call status.</p> <p style="text-align: center;">Job Description</p> <p>POSITION TITLE: Operating Room Technologist</p> <p>DEPARTMENT: Surgery REPORTS TO: Surgery Manager. Assumes direction from all professional nursing and physician staff. COMPANY: The Eye Surgical Center of Fort Wayne</p> <p>PRIMARY JOB</p>		

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			<p>FUNCTION:</p> <p>The Operating Room Technologists works with surgical team to perform scrub duties and other related procedures as necessary to assist the professional staff. Operating Room Technologists may assist in circulating duties under the supervision of a qualified Registered Nurse who is immediately available to respond to emergencies. ESSENTIAL JOB FUNCTIONS:</p> <ol style="list-style-type: none"> 1. Prepares set-ups, materials and equipment for cases as needed and assists surgical team in all types of procedures as required. 2. Assists in transportation and preparation of patients including verifying of patient identification. 3. Maintains aseptic environment for patients. 4. Maintains clean, safe, and functional operating room environment and equipment. 5. Assists professional personnel in the control of supplies and medication. 6. Maintains inventory control of instrumentation, including appropriate records and documentation. 7. Maintains and updates physician preference sheets and pack lists for each surgeon and the procedures they perform. 8. Responsible for identifying the need for and care of surgical instruments. 9. Responsible for the sterilization process of all surgical 	
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			<p>instruments, including maintaining appropriate records relating to the operation of sterilizing equipment. 10. May administer topical eye medications, after being trained in medication safety, administration, and usage by an Registered Nurse. 11. This position has been evaluated according to universal precautions and associated risk level. This position has been determined High Risk and employee has signed a risk level evaluation form. The job holder must demonstrate current competencies applicable to the job position. EDUCATION: Certifications may be completed as a Surgical Technologist, Ophthalmic Surgical Assistant, Ophthalmic Technologist, or Ophthalmic Assistant. Operating Room Technology Certification may be waived if the Private scrub/Surgical Technologist was employed on staff by The Eye Surgical Center of Fort Wayne prior to July 1, 2009 with surgical tech privileges. A physician currently appointed to The Eye Surgical Center's medical staff must oversee the private scrub/ surgical technologist practice in the surgical center. The waiver authority is delegated to the Medical Director. The Surgical Technologist shall maintain a yearly record of their qualifying education unit's (EU). Fifteen (15) EU's are required per year. The following are samples of how</p>	

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			<p>EU's may be earned: 1. Quarterly Staff Inservices-as designated by Surgery Manager (1 EU) 2. Qualified Articles from Journal Magazines-(1 EU) 3. Additional Educational Projects may be assigned and granted EU's by Surgery Manager. Amount of EU's to be determined by Surgery Manager 4. Qualified Seminars</p> <p>EXPERIENCE: Minimum of one-year operating room experience or qualified in-house training. REQUIREMENTS: None KNOWLEDGE: 1. Knowledge of technical requirements for surgical procedures. 2. Knowledge of center policies and procedures. 3. Knowledge of all aspects of scope of patient care relative to Operating Room Technologist. 4. Knowledge of aspects of patient care relative to the circulating duties as delegated and under the supervision of the Registered Nurse. SKILLS: 1. Must demonstrate proficiency in general skills relative to center policies and procedures, pre-op, surgery, scrub routine, post-op, and equipment. (See Skill Proficiency Checklist) ABILITIES: 1. Ability to work effectively with patients, physicians, staff, and external agencies. 2. Ability to listen and understand OR personnel wearing routine OR attire, i.e. masks. 3. Ability to review and read handwritten chart</p>	

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			<p>notations. 4. Ability to determine patient care needs and provide such needs or communicate said needs to appropriate nursing and/or physician staff.</p> <p>PHYSICAL/MENTAL DEMANDS: May require sitting, standing, or walking associated with normal outpatient surgical environment activity. May require utilizing proper body mechanics for positioning and transporting patients by cart or wheelchair. May require lifting, moving, or transporting supplies, instruments, and equipment.</p> <p>ENVIRONMENTAL/WORKING CONDITIONS: Normal outpatient surgical environment. Occasional evening or weekend work. May require on-call status.</p>	

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S0310	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(a)(1)</p> <p>The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:</p> <p>(1) All services, including services furnished by a contractor.</p> <p>Based on document review and staff interview, the facility failed to ensure 7 services provided by the surgery center were part of its comprehensive quality assessment and improvement (QAPI) program.</p> <p>Findings included:</p> <p>1. Quality Assessment and Performance Improvement Plan (QAPI) policy number 1.04 states, "The purpose of the Quality Improvement Plan is to address all services including those provided by contractual agreement which include but are not limited to the following..."</p> <p>2. Staff member #1 provided the QAPI committee minutes for 2011 and the documentation provided identify the following 7 services provided by the facility were not being evaluated by the committee: Biohazard Waste; Biomedical; Laundry/Linen; Medical</p>	S0310	<p>April 5, 2012 QUALITY ASSURANCE During the first quarter of 2012, the nurses of The Eye Surgical Center of Fort Wayne have had no absences. The patient care has had no complaints. All nurses have functioned within their scope of practice. During the first quarter of 2012, anesthesia at The Eye Surgical Center of Fort Wayne has had no absences. There have been no patient care issues or complaints. During our state survey, the inspector found several medical records in which the "approved for discharge" box had not been checked, and the time of same had not been filed in, on the Anesthesia Evaluation form. Dr. Lane, anesthesiologist, has been counseled related to this issue, and the post-op nurse will check to insure these areas have been completed prior to patient discharge. During the first quarter of 2012, The Eye</p>	04/05/2012			

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	<p>Records; Security; Transcription; and Pest Control.</p> <p>3. At 2:30 PM on 3/13/2012. staff member #1 confirmed Biohazard Waste, Biomedical, Laundry/Linen, Medical Records, Security, Transcription, and Pest Control were not being evaluated by the QAPI committee.</p>		<p>Surgical Center of Fort Wayne discharge documentation sheet was found, by the medical record consultant, to not have an area to mark "Verbal orders repeated and verified". This has been corrected, and there is now an area to check "VORV". There have been NO infections reported during the first quarter of 2012 in The Eye Surgical Center of Fort Wayne!</p> <p>There have been no patients transferred out of The Eye Surgical Center of Fort Wayne during the first quarter of 2012.</p> <p>There have been no incident reports or safety issues noted in The Eye Surgical Center of Fort Wayne during the first quarter of 2012. Respectfully Submitted, Patty Emrich, RN, Nurse Manager</p> <p>_____ April 5, 2012 In view of Quality Assurance/ Quality Improvement, The Eye Surgical Center of Fort Wayne has initiated quarterly reviews of all contracted services. These reviews will allow for monitoring of the adequacy of each service. Services to be included in this monitoring include: Exumer Lazer Cleaning CompanyBio-medical (every other quarter) Lab Hospital Laundry Consultant Pharmacist Radiology Bio-Hazard Removal</p>		

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			Co. Ambulance Medical Records Consultant Medical Suppliers Trash Collection Pest Control Security Respectfully Submitted, Patty Emrich, RN, Nurse Manager The Eye Surgical Center of Fort Wayne The Surgery Manager and the Medical Director will complete quarterly QA/QI on all above services, except Bio-med as it is only done every 6 months.	

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S0432	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(iii)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p> <p>(E) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(iii) Cleaning, disinfection, and sterilization.</p> <p>Based on policy and procedure review, manufacturer's directions, and interview, the infection control committee failed to ensure the contracted housekeeping staff used chemicals approved by the facility.</p> <p>Findings included:</p> <p>1. The facility policy #10.01, "Environmental Control", last reviewed 02/10, indicated on the first page, "...1. Housekeeping services are monitored to assure that cleaning standards are followed including the use of appropriate germicidal cleaning agents. Approved germicidal cleaning agents must be EPA rated with a 'kill time' of 5 minutes or less."</p> <p>2. While on tour with the housekeeping staff member #P11 at 4:00 PM on</p>	S0432	<p>4-5-2012 All 3 housekeepers in for inservice covering enviromental and housekeeping policies, and correct way to fill out cleaning log. Writer observed ALL 3 housekeepers cleaning the ASC OR's. Proper procedure was followed by all 3 housekeepers. I have a "pop-in" unannounced visit scheduled for May 2012. Respectfully Submitted, Patty Emrich, RN, Nurse Manager The Eye Surgical Center of Fort Wayne</p> <p>UBJECT: ENVIRONMENTAL CONTROL Policy</p> <p>Employees of the center shall cooperate with the Infection Control Committee for the formation of preventative and corrective programs designed to minimize infection hazards in the operating rooms.</p> <p>Responsibility</p>	04/05/2012	

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NAME OF PROVIDER OR SUPPLIER THE EYE SURGICAL CENTER OF FORT WAYNE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 321 E WAYNE ST FORT WAYNE, IN 46802		
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	<p>03/14/12, the products used for cleaning the operating rooms were observed in the housekeeping closet. The surface cleaner, Clair Germicide Cleaner, and the floor and wall cleaner, Ajax Disinfectant, were both EPA rated with a 10 minute kill time.</p> <p>3. At 4:00 PM on 03/14/12, contracted staff member #P11 indicated the cleaning products were supplied by the contracted cleaning company. He/she indicated noone had observed the cleaning of the operating rooms.</p> <p>4. At 4:30 PM on 03/14/12, staff member #P1 indicated he/she was not aware of the kill time for the products used by the contracted cleaning company and thought they adhered to the policy. He/she indicated contracted staff member #P11 had been observed cleaning, but no documentation could be provided.</p>		<p>The Surgery Manager is responsible for the overall program of maintaining a safe environment. It is the responsibility of the nursing staff to monitor specific sources such as refrigerators and the eyewash station on a regular basis and to duly record observations.</p> <p>Function The operating rooms must have a safe environment for patients so that the possibility of infections is minimized. All other areas will be similarly regarded. Practice & Procedures</p> <p>1. Housekeeping services are monitored to assure that cleaning standards are followed including the use of appropriate germicidal cleaning agents. Approved germicidal cleaning agents must be EPA rated with a "kill time" of 15 minutes or less. 2. The Surgery Manager will maintain current "employee" files on contracted housekeepers. It is the contracted company's responsibility to alert the Surgery Manager to any changes in housekeeping staff, and to provide the necessary paperwork for all contracted housekeeping staff. This file must include: a copy of the completed application from the contracted company, copy of contracted company's reference checks, employment physical, verification of Hepatitis B series or denial of vaccination, job description, police report/ criminal record, drug screen,</p>		

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			<p>proof of training, copies of periodic performance reviews, and post-tests from blood borne pathogens, fire and emergency operations, and HIPPA inservices. These 3 inservices will be those of The Eye Surgical Center, and are to be completed under the direction of the Surgery Manager. 3. Failure of the contracted cleaning company to alert the Surgery Manager to staffing changes, and failure to provide the required information in a timely manner, may result in termination of the cleaning contract. 4. The autoclave will be tested at least weekly, using biological indicators. The indicator is then incubated according to the manufacturer's recommendations and the results will be recorded and kept on file. In the pre-vacuum sterilizer, an air removal test pack will be performed before the first load of wrapped instruments each day in an empty chamber. 5. The temperature in the center will be maintained between 68 degrees and 73 degrees with the humidity between 30-60%. Results will be recorded in a logbook. If temperatures fall outside of the acceptable parameters, the surgery manager will be immediately notified, and appropriate steps will be taken to correct any issues resulting from same. 6. Refrigerators are monitored with a thermometer and temperatures are recorded</p>	

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			the days of surgery in a logbook. Acceptable ranges are 36-46 degrees. If temperature is noted to be outside these parameters, the surgery manager will be notified, and any medications or ect will be disposed of, and replenished. The refrigerator is question will be repaired or replaced. 7. The eyewash station is tested weekly and recorded in a logbook. 8. All logbooks are maintained in the center. The Surgery Manager and the Medical Director will be in charge of monitoring and assuring compliance.		

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S0442	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(viii)</p> <p>The infection control committee responsibilities must include, but are not limited to:</p> <p>(E) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(viii) An employee health program to determine the communicable disease history of new personnel as well as an ongoing program for current personnel as required by state and federal agencies.</p> <p>Based on employee file review, policy review, and interview, the employee health program failed to ensure all staff had the required immunizations in 4 of 7 files reviewed (#P3, P4, P5, and P6).</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. The file for staff member #P3 lacked documentation of Rubeola immunity. 2. The file for staff member #P4 lacked documentation of the required second immunization for MMR (Measles, Mumps, and Rubella). 3. The files for staff members #P5 and P6 lacked documentation of Varicella 	S0442	<p>4-4-12Yanet Lopez and April Zent had titers drawn for Varicella. Yanet titer= 1.16 high= immunityApril titer= 1.74 high= immunity4-5-12Jessica Elwood, LPN recieved MMR booster, into right deltoid. Administered by P. Emrich, RN. Vaccine= Merck MMR virus live vaccine. Lot# 1401AAExpiration date 9-6-13.The Surgery Manager will check all ASC employee files annually, after consulting CDC website, and will insure all ASC are up to date on all vaccines. All new employees will recieve up to date titers or vaccines in accordance to the CDC recommendations. The Medical Director will insure that this is reported at the annual Medical Staff Meeting.</p>	04/05/2012			

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	<p>immunity.</p> <p>4. The facility policy #10.14, "Blood Borne Disease Exposure Control Plan", last revised 01/11, indicated on page 1, "...1. Employment Physical Examination A. An initial health physical will be completed by a physician upon hire of each staff member. Proof of communicable diseases may be accepted if the employee has a copy from another health institution's records or from staff member's primary care physician of said communicable diseases."</p> <p>5. At 3:00 PM on 03/13/12, staff member #P1 indicated the facility followed the CDC (Centers for Disease Control) guidelines regarding immunizations and required staff to receive titers if immunization documentation could not be provided. He/she confirmed the missing documentation from the employees' files.</p>				

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S0646	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(e)(3)</p> <p>All entries in the medical record must be as follows:</p> <p>(3) Authenticated and dated in accordance with section 4(b)(3)(N) of this rule.</p> <p>Based on observation, document review and staff interview, the facility failed to provide a waiver for storing medical records that were stored offsite at the Eye Center Group, LLC clinic.</p> <p>Findings included:</p> <ol style="list-style-type: none"> At 1:15 PM on 3/14/2012, the surgery center past medical records were observed stored in a room located in the basement of the Eye Center Group, LLC clinic. The floor plans of the Eye Surgical Center of Fort Wayne were reviewed. The surgery center was only located on the first floor of the building which houses the surgery center and the Eye Center Group, LLC clinic. The plans identified the separation of the surgery center and the eye clinic. The Eye Surgical Center of Fort Wayne policy number 4.01, Medical Records - General states, "Any records 	S0646	<p>Waiver requested in writing from Ann Hamil on 3-15-12. Waiver for medical records to be stored "OFF-SITE" recieved 3-22-12. The Surgery Manager and the Medical Director will insure that any future change in location of these medical records is granted waiver BEFORE they are moved.</p>	03/22/2012	

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	<p>that may be stored in an off-site storage facility must have continued confidentially protection. Waiver from the Indiana State Board of Health will be maintained for same."</p> <p>4. The waiver requested December 1, 2010 from the Indiana State Department of Health did not identify the Eye Center Group, LLC clinic.</p> <p>5. At 10:45 AM on 3/15/2012, staff member #1 indicated the surgery center's records are no longer stored at the facility listed on the approved waiver. The medical records are now stored in the basement of the Eye Center Group, LLC clinic in a secured room within the maintenance storage room. The staff member indicated he/she had not obtained a new waiver for the eye clinic.</p>				

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S0836	<p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(c)(1)(F)(iv)</p> <p>The medical staff shall write and implement policies and procedures and the governing body shall approve policies and procedures which include but are not limited to, the following:</p> <p>(F) The delineation of preanesthesia, intra-operative, and postanesthesia responsibilities as follows:</p> <p>(iv) The requirement that all postoperative patients shall be discharged from the postanesthetic care unit by the practitioner described in clause (C) as responsible for the patient's care in accordance with center policy.</p> <p>Based on medical record review, policy and procedure review, and interview, the governing body failed to ensure all postoperative patients were examined and discharged by a qualified physician for 3 of 22 records reviewed (#N3, N16, and N18).</p> <p>Findings included:</p> <p>1. The medical record for patient #N3, who had a procedure and was discharged on 10/17/11, lacked a time for the post anesthesia evaluation and lacked a check in the box "Approved for Discharge" on the "Anesthesia Evaluation" form.</p>	S0836	<p>March 16, 2012 Spoke with anesthesia related to "Approved for Discharge" box marked and time of discharge completed on 3 charts reviewed by state surveyor. It was determined that the post-op nurse would alert the Surgery Manager if these areas were not completed, and the Surgery Manager will have anesthesia complete them. Respectfully Submitted, Patty Emrich, RN, Nurse Manager The Eye Surgical Center of Fort Wayne The Surgery Manager and the Medical Director will insure the anesthesia evaluation form is</p>	03/16/2012			

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	<p>2. The medical record for patient #N16, who had a procedure and was discharged on 09/06/11, lacked a time for the post anesthesia evaluation and lacked a check in the box "Approved for Discharge" on the "Anesthesia Evaluation" form.</p> <p>3. The medical record for patient #N18, who had a procedure and was discharged on 01/24/12, lacked a time for the post anesthesia evaluation and lacked a check in the box "Approved for Discharge" on the "Anesthesia Evaluation" form.</p> <p>4. The facility's policy #2.02, "Rules and Regulations for the Medical Staff of the Eye Surgical Center of Fort Wayne", last revised 01/10, indicated on page 6, "...Section 12. Discharge A. Patients shall be discharged only on written order of the anesthesiologist or attending physician. The condition of the patient at the time of discharge must be recorded in the patient's medical record."</p> <p>5. At 9:30 AM on 03/15/12, staff member #P1 confirmed the lack of documentation in those medical records and indicated checking the box on the form served as the discharge order.</p>		<p>completed in its entirety for each surgery patient.</p>				

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S1170	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(iv)</p> <p>(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:</p> <p>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(iv) Defibrillators must be discharged at least in accordance with manufacturers' recommendations, and a discharge log with initialed entries must be maintained.</p> <p>Based on document review and staff interview, the facility failed to discharge and perform daily shift inspection of the facility's Defibrillator Monitor as required by the manufacturer's recommendations.</p> <p>Findings included:</p> <p>1. The M1722B CodeMaster XL Defibrillator Monitor manual requires a every shift operational checks which include; perform a test routine operation(discharge); visual inspection of all cables. paddles, and controls. The</p>	S1170	The Surgery Manager will monitor the defibrillator log on days when the surgery center is open.The Surgical Center is open on days when the surgical staff is present for presurgical preparation, and/or surgery. And assign discharge of the defibrillator if no surgery staff will be in the ASC, Monday through Friday. As a back-up procedure, several individuals from the adjacent clinic have been given the attached directions for discharging the ASC Defibrillator.DIRECTIONS FOR	03/23/2012			

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	<p>surgery center operates on 1 shift only and the facility is open 5 days a week.</p> <p>2. Crash Cart Critical Equipment Checklists for January and February of 2012 were reviewed. The checklist evidenced the Defibrillator Monitor had it's operation daily-shift check 11 of 21 days in January and 9 of 21 days in February while the surgery center was open.</p> <p>3. At 1:00 PM on 3/13/2012, staff member #1 indicated January and February both had 21 days the surgery center was open for business. The staff member indicated the defibrillator was only checked on days the surgery center had surgeries which in turn the defibrillator was only discharged on that day. The staff member indicated the surgery center is open 5 days a week; however, surgeries are only conducted Mon through Thursday and sometimes less than that per week.</p>		<p>DISCHARGING ASC DEFIBRILLATOR 1) Turn defibrillator dial on to 100. 2) Push charge button. 3) Check to be ABSOLUTELY certain nothing is touching paddles. 4) Depress yellow buttons on both paddles simultaneously. 5) Defibrillator will discharge, and give a short "strip" of tape. 6) Turn defibrillator dial to off position. 7) Remove "strip" from machine. 8) Tape strip in discharge log. 9) Date, time and sign strip.</p>		

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S1178	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(5)(B)</p> <p>(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:</p> <p>(5) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following:</p> <p>(B) Refuse, biohazards, infectious wastes, and garbage must be collected, transported, sorted and disposed of by methods that will minimize nuisances or hazards according to federal, state, and local laws and rules.</p> <p>Based on observation, document review and staff interview, the facility failed to prevent possible exposure to infectious waste stored in the designated Biohazard Room.</p> <p>Findings included:</p> <p>1. At 11:45 AM on 3/14/2012, the infectious waste storage room off of the surgical suites was toured. The door leading to the room was labeled with a red sign stating, "Biohazard". The room contained sharp containers and a</p>	S1178	<p>"Daeger, Albert" Subject: RE: Survey findings Date: Wed, April 11, 2012 11:38 am To: pemrich@eyecenteroffortwayne.com I wiil forward this to QA and have them look at removing certain part of the tag but the tag still stands for the issue of the personnel microwave. Thank you -----Original Message----- From: pemrich@eyecenteroffortwayne.com</p>	03/16/2012			

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	<p>cardboard box storage container with a red biohazard bag lining the inside of the container. The room was observed with a yellow plastic apron hanging on a hook mounted on the wall near another door exiting to the surgical suites. The room also contained gloves and goggles for handling the infectious waste as required by the facility's Infectious Waste Policy. The room also had a counter with a handwashing sink and chemical dispensing station for cleaning disinfectants. The room also had a shelf mounted above the counter in the Biohazard Room. On the shelf was a white microwave.</p> <p>2. Infectious Waste Policy 10.13 states, "Infectious waste shall be processed and disposed of to minimize exposure to patients, staff and the public in accordance with the established standards and applicable regulations. Infectious waste containers shall be stored prior to pick-up in the designated storage area. The storage area shall be secured to prevent exposure.."</p> <p>3. At 11:50 AM on 3/14/2012, staff member #1 indicated the microwave was utilized for employee lunches.</p> <p>4. At 1:00 PM on 3/15/2012, staff member #2 indicated he/she did not</p>		<p>[mailto:pemrich@eyecenteroffortwayne.com] Sent: Tuesday, April 10, 2012 12:57 PM To: Daeger, Albert Cc: pemrich@eyecenteroffortwayne.com Subject: Survey findings Mr Daeger, Upon reviewing our survey findings, Dr. Parent and I are both concerned that you indicated there were "assorted food items observed next to the microwave" (in our bio room). Since I happened to hold the door to the bio room for you to take pictures of the microwave, we are asking that you review these pictures and remove the finding of "assorted food items" from tag S1178 findings. There were NO food items, nor have there ever been food items stored in our bio room! Thank you in advance for you assistance in this matter. Respectfully, Patty Emrich, RN The Eye Surgical Center of Fort Wayne</p> <p>*The facility requesting IDR must complete the <u>unshaded</u> portion of this page ONLY.</p> <p>Facility Name The Eye Surgical Center of Fort Wayne State Facility ID # 120053931 Address 321 East Wayne Street</p>		

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NAME OF PROVIDER OR SUPPLIER THE EYE SURGICAL CENTER OF FORT WAYNE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 321 E WAYNE ST FORT WAYNE, IN 46802
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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
	realize the microwave was in the Biohazard Room and it should of never been placed there.		<p>Provider #: ZG8040 City, State Zip Fort Wayne, IN 46802 Date Survey Completed 3-15-12 Licensee Name J. Rex Parent, MD Date Facility Requesting IDR: 4-16-12 Facility Contact Person Patty Emrich, RN Phone: 260-424-5656 X140</p> <p><u>NOTE: Carefully read the complete instructions in the document entitled "Informal Dispute Resolution (IDR) Instructions".</u> Please list each tag (including the severity and scope) that is disputed below. In your Plan of Correction (POC), provide a brief description summarizing the specific reasons for the dispute for each Tag. You must state specifically <u>what</u> is disputed and <u>why</u>, specifically citing errors on the 2567 and where support for your position is located in supporting records, if any. Supporting documents should be labeled "Attachment A", "B", etc. Only documents that are pertinent and necessary to explain the facility's position will be considered. DO NOT submit excessive numbers of documents. SELECT EITHER A PAPER REVIEW OR FACE TO FACE.</p>	

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			breakroom. The Surgery Manager and Dr. Parent will insure that there is not a microwave in the bio-hazard room. However, with regards to the "assorted food items observed", please see the above e-mail conversation between Mr. Daeger and myself.		

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S1180	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(1)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(1) A review of safety functions by a committee appointed by the chief executive officer that includes representatives from administration and patient care services.</p> <p>Based on document review and staff interview, the facility failed to identify the safety committee as defined by the facility's policy and procedures.</p> <p>Findings included:</p> <p>1. The Eye Surgical Center of Fort Wayne Safety Management policy number 14.00 states, "The Surgery Manager is responsible for appointing a committee with representation from administration and patient care services. The committee will meet as needed for discussion and action but at least quarterly."</p> <p>2. At 3:15 PM on 3/14/2012, staff member #1 indicated the CEO, Surgery Manager, and the Safety Manager make up the composition of the Safety Committee. The staff member confirmed</p>	S1180	The Surgery Manager, Saftety Manager, and the Medical Director will insure that the Safety Committee meets quarterly with the Medical Staff meetings. This has been placed on the agenda for medical staff meeting to assure it is not is not missed in the future.	04/05/2012			

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	<p>the Safety Committee did not meet in 2011; however, the safety committee did meet February 9, 2012.</p> <p>3. Staff member #1 could not provide documentation the Safety Committee met in 2011 but provide documentation the committee met 2/9/2012. Therefore, the safety committee was lacking 4 required safety committee meetings for 2011 as defined by the facility's policies and procedures.</p>			

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S1188	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(c)(4)</p> <p>(c) A safety management program must include, but not be limited to, the following:</p> <p>(4) A written fire control plan that contains provisions for the following:</p> <p>(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.</p> <p>Based on document review and staff interview, the facility failed to conduct quarterly fire drills as defined by the facility's policies and procedures.</p> <p>Findings included:</p> <p>1. The Eye Surgical Center of Fort Wayne Emergency Operations and Disaster Plan states, "In order to assure that all employees are prepared to deal with an emergency, a fire drill shall be conducted on a quarterly basis."</p> <p>2. The surgery center's Fire Drill Checklists were reviewed for 2011. The following fire drills were conducted in 2011: 2/16/11, 6/22/11 and 10/26/11.</p>	S1188	The Surgery Manager, Safety Manager, and the Medical Director will work together to insure fire drills are conducted quarterly. The Safety Manager will schedule the quarterly fire drill, and will report quarterly the date of fire drill and outcome at the Medical Staff Meeting.	04/05/2012			

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	<p>The facility could not provide documentation of a fire drill for the 3rd quarter. Therefore, the facility provided documented fire drills 3 of 4 quarters for 2011.</p> <p>3. At 3:45 PM on 3/13/2012, staff member #1 indicated the fire drill documentation for the 3rd quarter of 2011 was missing and could not provide evidence the 3rd quarter fire drill was performed.</p>			