

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/28/2013
NAME OF PROVIDER OR SUPPLIER FRANCISCAN SURGERY CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5255 E STOP 11 ROAD, SUITE 100 INDIANAPOLIS, IN 46237		
(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	
S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 003217</p> <p>Survey Date: 3-26/28-13</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: claughlin 04/05/13</p>	S000000	Mr. Cohen was here for a State licensure survey on 3/26-3/28 of 2013.		

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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S000646	<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 document review and interview, the facility failed to authenticate discharge instructions given to the patient for 6 of 10 medical records reviewed.</p> <p>Findings:</p> <p>1. Review of facility policy PC 158, entitled DISCHARGE CRITERIA FROM FACILITY (ASC), revised 3.2012, indicated verbal and written instructions including contact emergency phone numbers will be given. Documentation of post-op teaching/instruction sheets. Franciscan Surgery Center Discharge instructions [AMBULATORY SURGERY DEPARTMENT POST-OPERATIVE INSTRUCTIONS].</p> <p>1. Review of 10 medical records indicated MR#4, MR#5, MR#6, MR#8, MR#9 and MR#10 indicated the approved AMBULATORY SURGERY DEPARTMENT POST-OPERATIVE</p>	S000646	<p>Policy addressing Discharge Instructions and Physician Instructions revised and approved by Board of Managers. Policy revision shows acceptance by Board/Medical Staff to allow Physician Instructions to be reviewed/distributed to patients. Quarterly Chart Audits from Third-party auditor will continue to occur to ensure compliance moving forward. Chandler Shirer, Franciscan Surgery Center Administrator, will be responsible for monitoring/implementing Plan of Correction. Deficiency has been corrected effective 4/30/13. Additionally, policy will be revised to reflect that a registered nurse will sign, time and date that the physician specific post-op instructions were reviewed with patient. Revised policy to be reviewed and accepted at the next Board of Managers Meeting on July 22, 2013. Additionally, the physician specific post-op instructions by procedure will be properly identified to distinguish both the surgeon and the procedure the instructions are</p>	04/30/2013			

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	<p>INSTRUCTIONS had been given to the patient. However, the review indicated physician-specific discharge instructions were given by the facility to patients but these were not signed by the physician, were not ordered verbally or in writing to be given by the facility staff, as indicated in the chart, and were not previously approved by the medical staff to be acceptable "standing" orders.</p> <p>2. In interview, on 3-28-13 at 2:45 pm, employee #A1 confirmed the above and no further documentation was provided prior to exit.</p>		<p>pertaining to. Upon receipt the patient will sign to indicate the patient received the instructions.</p>		