

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001121	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2014
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NAME OF PROVIDER OR SUPPLIER SOUTHWEST SURGICAL SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 7920 W JEFFERSON BLVD STE 210 FORT WAYNE, IN 46804
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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
Q000000	The visit was for a re-certification survey. Facility Number: 003212 Survey Date: 11-18/20-14 Surveyor: Brian Montgomery, RN Public Health Nurse Surveyor QA: cloughlin 01/12/15	Q000000		
Q000162	416.47(b) FORM AND CONTENT OF RECORD The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following: (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>informed patient consent. (8) Discharge diagnosis. Based on document review, medical record review, observation, and interview, the governing body failed to ensure that an accurate and complete medical record was maintained for 11 of 18 (PT20, PT21, PT22, PT26, PT29, PT30, PT32, PT33, PT34, PT36 and PT37) medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. The Rules and Regulations of the Medical Staff (approved 9-13) indicated the following: " A complete medical record shall contain the following ...Evidence of appropriate informed consent ...The informed consent is the responsibility of the Physician to obtain. The medical record shall contain evidence that an informed consent has been obtained by the Physician before the procedure. " The rules and regulations lacked a provision to time the consent when signed by the physician on the day of the procedure to confirm that the informed consent was obtained before any medication is administered and any procedure is performed.</p> <p>2. The policy/procedure Consent - Informed (approved 2-14) and Consent - Surgical (approved 2-14) failed to</p>	O000162	<p>Deficiency Q-0162 will be corrected though thefollowing steps:</p> <p>Consents will be amended to contain a time whenexcuted.</p> <p>Anne Haddix, Administrator, will review with theFacility Staff the new procedures and amended polices at an Unit Staff Meetingby 02/13/15.</p> <p>Anne Haddix, Administrator, will instructed Med RecsSystems to closely monitor the Medical Record for compliance beginning in thesecond quarter 2015 quarterly review.</p> <p>Anne Haddix, Administrator will review thecorrective action plan at the next meeting with the Medical Executive Committeeon 02/19/15. A report and measuredcompliance will also be presented at the quarterly Medical Executive meetingsas a part of the Quality Management Program beginning second quarter 2015. The Board of Managers will be presented thecorrective action plan and report of compliance for review and approval on02/25/15.</p>	02/13/2015

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	<p>indicate a provision to time the consent when signed by the physician on the day of the procedure to verify that the informed consent was properly executed before any medication or sedation was administered.</p> <p>3. The informed consent for PT20, PT21, PT22, PT26, PT29, PT30, PT32, PT33, PT34, PT36 and PT37 failed to indicate a time when signed by the physician and/or patient to confirm that the consent was obtained prior to the start of the procedure.</p> <p>4. The MR for PT23, PT24 and PT27 indicated that MD24 dated and timed the informed consent when signed by the podiatrist.</p> <p>5. The MR for PT25, PT28, PT31 and PT35 indicated that MD30 dated and timed the informed consent when signed by the medical director.</p> <p>6. During an interview on 11-19-14 at 0904 hours, the director of surgical services A1 and the clinical coordinator A2 confirmed that the informed consent for PT20 failed to indicate a time when signed and dated by the physician, witness, and the patient.</p> <p>7. During an interview on 11-19-14 at</p>			

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S000000	<p>1245 hours, the clinical coordinator A2 confirmed that the informed consent for PT21, PT22, PT23 and PT24 failed to indicate a time when signed and dated by the physician, witness, and the patient.</p> <p>8. During an interview on 11-19-14 at 1405 hours, the director of surgical services A1 and the clinical coordinator A2 confirmed that the consent policy/procedures lacked a requirement for timing the document when dating and authenticating to verify compliance when obtaining an informed consent.</p> <p>The visit was for a Licensure survey.</p> <p>Facility Number: 003212</p> <p>Survey Date: 11-18/20-14</p> <p>Surveyor: Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/12/15</p>	S000000			
S000658	410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN.				

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410	<p>IAC 15-2.5-3(f)(6)</p> <p>All patient records must document and contain, at a minimum, the following:</p> <p>(6) Evidence of appropriate informed consent for procedures and treatments for which it is required as specified by the informed consent policy developed by the medical staff and governing board, and consistent with federal and state law.</p> <p>Based on document review, medical record review, observation, and interview, the center failed to ensure that an accurate and complete medical record was maintained for 11 of 18 (PT20, PT21, PT22, PT26, PT29, PT30, PT32, PT33, PT34, PT36 and PT37) medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. The Rules and Regulations of the Medical Staff (approved 9-13) indicated the following: " A complete medical record shall contain the following ...Evidence of appropriate informed consent ...The informed consent is the responsibility of the Physician to obtain. The medical record shall contain evidence that an informed consent has been obtained by the Physician before the procedure. " The rules and regulations lacked a provision to time the consent</p>	S000658	<p>Deficiency S-0658 will be corrected though the following steps:</p> <p>Consents will be amended to contain a time when excuted.</p> <p>Anne Haddix, Administrator, will review with the Facility Staff the new procedures and amended polices at an Unit Staff Meeting by 02/13/15.</p> <p>Anne Haddix, Administrator, will instructed Med Recs Systems to closely monitor the Medical Record for compliance beginning in thesecond quarter 2015 quarterly review.</p> <p>Anne Haddix, Administrator will review the corrective action plan at the next meeting with the Medical Executive Committee on 02/19/15. A report and measured compliance will also be presented at the quarterly Medical Executive meetings as a part of the Quality Management Program beginning second quarter 2015. The</p>	02/13/2015

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	<p>when signed by the physician on the day of the procedure to confirm that the informed consent was obtained before any medication is administered and any procedure is performed.</p> <p>2. The policy/procedure Consent - Informed (approved 2-14) and Consent - Surgical (approved 2-14) failed to indicate a provision to time the consent when signed by the physician on the day of the procedure to verify that the informed consent was properly executed before any medication or sedation was administered.</p> <p>3. The informed consent for PT20, PT21, PT22, PT26, PT29, PT30, PT32, PT33, PT34, PT36 and PT37 failed to indicate a time when signed by the physician and/or patient to confirm that the consent was obtained prior to the start of the procedure.</p> <p>4. The MR for PT23, PT24 and PT27 indicated that MD24 dated and timed the informed consent when signed by the podiatrist.</p> <p>5. The MR for PT25, PT28, PT31 and PT35 indicated that MD30 dated and timed the informed consent when signed by the medical director.</p>		Board of Managers will be presented the corrective action plan and report of compliance for review and approval on 02/25/15.	

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	<p>6. During an interview on 11-19-14 at 0904 hours, the director of surgical services A1 and the clinical coordinator A2 confirmed that the informed consent for PT20 failed to indicate a time when signed and dated by the physician, witness, and the patient.</p> <p>7. During an interview on 11-19-14 at 1245 hours, the clinical coordinator A2 confirmed that the informed consent for PT21, PT22, PT23 and PT24 failed to indicate a time when signed and dated by the physician, witness, and the patient.</p> <p>8. During an interview on 11-19-14 at 1405 hours, the director of surgical services A1 and the clinical coordinator A2 confirmed that the consent policy/procedures lacked a requirement for timing the document when dating and authenticating to verify compliance with properly executing an informed consent.</p>			