

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001169	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/24/2015
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NAME OF PROVIDER OR SUPPLIER INDIANA SPECIALTY SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 W ARCH HAVEN AVE BLOOMINGTON, IN 47403
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S 0000 Bldg. 00	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 011996</p> <p>Survey Date: 9/22/2015 - 9/24/2015</p> <p>QA: JL 10/19/15</p>	S 0000		
S 0440 Bldg. 00	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(2)(E)(vii)</p> <p>The infection control committee responsibilities must include, but not be 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>(vii) A system, which complies with state and federal law, to monitor the immune status of health care workers exposed to communicable diseases.</p> <p>Based on document review and interview, the infection control</p>	S 0440	The ASC policy "Employee Health Assessment and Health Program"	12/02/2015

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>committee failed to ensure a system was in place to monitor the immunization status of all health care workers.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Review of the facility policy "Infection Control for Employee Health", last approved 04/01/15, indicated, "1. A pre-employment physical is required upon employment. 2. A PPD test of chest X-ray for tuberculosis is required. ... b. PPD Testing: PPD testing is mandatory for all employees. ... All employees with a negative PPD will be required to submit to yearly testing." The policy lacked any requirements regarding immunization status for Varicella, Rubella, or Rubeola or any procedures regarding working at the facility if the employee was in a nonimmune status for any of the communicable diseases. Review of the personnel file for A2, the contracted cleaning staff member, lacked documentation of any PPD testing or immunization status for Varicella, Rubella, or Rubeola. Review of the personnel file for A3, the Infection Control Nurse, indicated documentation of a nonimmune Rubeola titer from 01/05/01. 		<p>will replace the policy "Infection Control for Employee Health" and identifies required evidence for immunity for employees of the ASC, as well as the assessment required to determine if TB Mantoux testing is necessary in the ASC, based upon community outbreak or Monroe County Health Department findings of increased frequency of TB in the community annually (attached). This policy will go to the Board for approval 12/2/15. Each employee identified currently as having equivocal results has been required to submit evidence of repeat titer within immunity range or evidence of immunization by 11/30/15 to be in compliance with the policy. The contracted housekeeper has demonstrated compliance with the policy by submitting evidence of immunization and a signed refusal for HBV immunization (attached). A reminder to adjust the policy to reflect status of TB testing for employees has been added to the Assessment Tool for the Center's Annual TB Risk Assessment (attached). Monitoring for compliance is the responsibility of the Administrator.</p>	

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	<p>4. Review of the personnel file for A5, a CST, Certified Surgical Tech, indicated documentation of a nonimmune Varicella titer from 06/15/12 and an equivocal Rubeola titer (meaning unsure of immune or nonimmune status) from 01/02/02. Documentation on the lab form recommended repeat testing for any equivocal results.</p> <p>5. Review of the personnel file for A6, a CST, indicated documentation of an equivocal Rubeola titer from 07/19/12.</p> <p>6. At 3:10 PM on 09/23/15, staff member A2, the contracted cleaning staff member was interviewed by telephone. He/she indicated he/she had cleaned for the facility for 3 years. He/she indicated occasionally overnight patients were in the facility when he/she was cleaning. He/she indicated he/she had received the Hepatitis injections previously and receives an annual flu shot, but has had no TB testing or other testing or blood work.</p> <p>7. At 10:00 AM on 09/24/15, staff member A1, the facility administrator, indicated staff member A3 was just approved as the Infection Control Nurse 04/01/15 and he/she had not assumed the complete role yet and A1 still performed a lot of the tasks. A1 also indicated the</p>			

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S 1152 Bldg. 00	<p>policy of doing TB screening instead of annual testing was just approved 04/01/15 and the actual policy and procedure had not been updated yet. A1 confirmed the cleaning staff could be at the facility while patients were present and indicated there was no documentation of their immunization status. He/she also confirmed the policy did not address all of the immunizations required for facility staff or any procedures to follow for a nonimmune or equivocal status.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(3)(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>(3) Provision must be made for the periodic inspection, preventive maintenance, and repair of the physical plan and equipment by qualified personnel as follows:</p> <p>(B) All mechanical equipment (pneumatic, electric, sterilizing, or other) must be on a documented maintenance schedule of appropriate</p>			

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	<p>frequency in accordance with acceptable standards of practice or the manufacturer's recommended maintenance schedule.</p> <p>Based on document review and staff interview, the facility failed to assure preventive maintenance was conducted on the surgery center's 2 wheelchairs.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Maintenance policy (last reviewed 4/1/2015) stated, "Equipment used on patients will be checked by a bioengineer contracted by the facility and documentation will be maintained in the center." Review of the preventive maintenance documentation, lacked documentation the surgery center's 2 wheelchairs had preventive maintenance performed. At 1:30 PM on 9/22/2015, staff member #1 (,administrator) confirmed the wheelchairs were not inspected in 2015; however, the wheelchairs were last inspected January 2014. The staff member indicated the surgery center does not have a waiver dealing with preventive maintenance inspections on patient care equipment. The staff member confirmed the contracted clinical services eliminated the annual preventive maintenance 	S 1152	<p>After notification to the contracted bioengineering company by the Center of the expectation that wheelchairs be assessed and tagged in compliance annually, the wheelchairs were brought into compliance on 9/28/15 (attached).Written confirmation that the wheelchairs are added back into the PM contract agreement for annual evaluation was received 11/13/15 (attached).Monitoring for compliance will be done by the Materials Manager reviewing the summary list upon annual PM completion as well as tag verification on the equipment.</p>	09/28/2015

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S 1174 Bldg. 00	<p>inspections without the surgery center's approval.</p> <p>4. A memorandum, dated 9/22/2015, issued by the contracted clinical service's Technical Services Supervisor stated, "Assets 374266 and 374267 (2 wheelchairs), we have listed as not requiring an interval schedule for preventive maintenance. We last inspected the devices in 2014 and since we do not require these to be in a yearly inspection, no inspections have been completed since then."</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(5)(A)</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>(A) Environmental services must be</p>			

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	<p>provided in such a way as to guard against transmission of disease to patients, health care workers, the public, and visitors by using the current principles of the following:</p> <p>(i) Asepsis. (ii) Cross-contamination prevention. (iii) Safe practice.</p> <p>Based on document review and interview, the facility failed to train and monitor to ensure environmental services were provided to ensure the safety and well-being of the patients treated in the facility.</p> <p>Findings included:</p> <p>1. Review of the facility policy "ASC Environmental Cleaning Policy & Procedure", last approved 04/01/15, indicated, "The ASC shall maintain oversight and assure the quality of services provided when contracting for cleaning services provided by an outside agency. ... 5. Terminal cleaning of each operating and procedure room will be completed daily when scheduled procedures are completed for the day. ... n. Clean and disinfect bed, including operating table cushions and removable pads. ... c. Apply clean gloves and clean room, working from clean to dirty and high to low areas of the room using fresh cloth(s) for cleaning each patient bed space; complete the cleaning of each bed</p>	S 1174	<p>A telephone conference was conducted Thursday, 9/24/15 with the owner and supervisor for the contracted housekeeping service regarding the training and immunity status of the contracted housekeeper for the ASC. A plan was developed for onsite (ASC) training assessment and retraining of the housekeeper, along with a scheduled attendance to the contract service's in-house education center. The housekeeper participated in the education center training by video 10/1/15 (attached) and the onsite re-training regarding cleaning according to the ASC's policy was conducted on 9/23/15 and 9/24/15. Verification of the contracted housekeeper's technique will occur every 6 months by an employee of the ASC. The reminder for timeframe to monitor the housekeeper is identified on the Infection Control Survey (attached) and the Administrator is responsible for monitoring for compliance.</p>	10/01/2015

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	<p>space before moving to the next. i. Saturate with disinfectant and after cleaning heavily soiled areas; surfaces should be visibly wet and allowed to dry before use."</p> <p>2. Review of the facility policy "Infection Control Program- Housekeeping", last approved 04/01/15, indicated, "c. House wide interventions to maintain quality infection control practices are implemented, i.e. contracted housekeeping services supervisor and staff are briefed at least quarterly regarding the infection control program and plans."</p> <p>3. Review of the binder for the contracted housekeeping company indicated infection control training by the facility for staff member A2, the contracted cleaner for the facility, dated 08/07/12. The binder also contained a facility form, dated 02/24/15 and signed by staff member A2, which indicated he/she had been trained on HAZCOM 2012. Two forms from the contracted cleaning company, "Bloodborne Pathogen Spill Training Acknowledgement" and "Theory of Infectious Cleaning and Operating Room Cleaning Acknowledgement", were signed by staff member A2 and dated 02/24/15. The only documentation of an</p>			

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	<p>observation of staff member A2 by the facility was dated 02/12/14 and signed by staff member A1, the Administrator.</p> <p>4. Manufacturer's directions for Alpha-HP, the disinfectant product used for cleaning in the operating rooms, was to allow surfaces to remain wet for 10 minutes and air dry to ensure optimal disinfection.</p> <p>5. At 3:10 PM on 09/23/15, staff member A2 was interviewed by telephone. He/she indicated he/she had cleaned for the facility for 3 years and received training when he/she first started. He/she described the first step in cleaning the ORs (operating rooms) was to sweep the floors. He/she did not discuss any dusting other than to dust the machines on Fridays. He/she indicated he/she cleans the bottoms of the operating tables, but not the pads or beds themselves. He/she indicated the administrator had observed him/her once since he/she began work there. He/she indicated the facility had given him/her some informational sheets to sign, but he/she did not have any annual education by the company or the facility.</p> <p>6. At 10:00 AM on 09/24/15, staff member A1, the facility Administrator, confirmed the lack of any other</p>			

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	documented observations of the actual cleaning. He/she also confirmed he/she did not meet with the contracted cleaning company supervisor or staff on any regular basis or provide any annual education.				