

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001130	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2015
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NAME OF PROVIDER OR SUPPLIER ENDOSCOPY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13421 OLD MERIDIAN ST STE 150 CARMEL, IN 46032
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Q 0000 Bldg. 00	<p>This visit was for a recertification of an ambulatory surgery center.</p> <p>Dates of survey: 7/6/2015 to 7/7/2015</p> <p>Facility number: 003498</p> <p>QA: cjl 07/31/15</p>	Q 0000		
Q 0234 Bldg. 00	<p>416.50(g) CONFIDENTIALITY OF CLINICAL RECORDS</p> <p>The ASC must comply with the Department's rules for the privacy and security of individually identifiable health information, as specified at 45 CFR parts 160 and 164.</p> <p>Based on document review, observation, and interview, the facility failed to ensure patients' medical records were protected from unauthorized access.</p> <p>Findings included:</p> <p>1. The facility policy "Release of Information from the Medical Record", last reviewed 02/27/15, indicated, "It is</p>	O 0234	<p>The Housekeeping Staff no longer has the ability to get into the Medical Records Room. Housekeeping can only clean the Medical Records room when staff is able to stand in room as they clean. The Executive Director is responsible to make sure housekeeping cannot enter the Medical Records Room unless staff is observing them.</p>	08/07/2015

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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Q 0241	<p>the ultimate responsibility of the Executive Director to ensure the medical records of living or deceased patients are used only for purposes for which the proper authorization has been received. ... In its use of the record for such purposes the Center shall at all times protect the confidentiality of the record."</p> <p>2. During the tour of the facility at 12:10 PM on 07/06/15, accompanied by staff member #2, an endoscopy nurse, open shelves of medical records were observed in a storage room with a locked door.</p> <p>3. At 12:15 PM on 07/06/15, staff member #11, the Business Manager, confirmed the contracted cleaning staff had access to the medical records' room and cleaned after hours with no facility staff present.</p> <p>4. At 1:10 PM on 07/07/15, the contracted cleaning staff supervisor, #C3, was interviewed by phone. He/she indicated the contracted staff cleaned the facility Monday- Friday evenings, and no one else was usually in the facility. He/she confirmed the workers had access, and cleaned, the medical records' room each night.</p> <p>416.51(a) SANITARY ENVIRONMENT</p>				

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Bldg. 00	<p>The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.</p> <p>Based on document review, observation and interview, the center failed 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. The facility policy "Housekeeping Policy", last reviewed 02/27/15, indicated, "A. 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. B. Director shall confirm with contract service that employees are instructed in proper procedures. C. Director shall monitor contract services and initiate corrective action if proper standards are not maintained. D. Location of Supplies: 1. Supplies used in the cleaning of the recovery room, operating rooms, surgical hallways, clean processing rooms and soiled rooms shall be located in the housekeeping closet adjoining the surgical hall. ...c. Used mop heads shall be removed from the housekeeping closet after each use (daily) and placed in the designated soiled linen</p>	Q 0241	<p>The Infection Control Preventionist will report to the Quality Assurance Committee quarterly random observations of housekeeping performing their job. The Housekeeping company is installing a device that is mounted on the wall of housekeeping closet that measures cleaning solutions for mop bucket or spray bottles. The Executive Director will supervise installation and implementation. The Housekeeping company no longer put fresh mop head in buckets that are not dry. The Executive Director and Infection Control Preventionist will oversee this practice.</p>	08/19/2015			

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	<p>hampers for laundering prior to being brought back to the surgical clean area. ...</p> <p>H. Cleaning Tasks & Frequency: Procedure Rooms- Daily: 1. Clean exposed surfaces of cabinets and countertops with disinfectant. ...4. Clean lights, instrument stands, tables, and stools with disinfectant. ...7. Mop floors with germicidal cleaner. ...Janitorial Closet- Daily: 1. Empty and wipe down mop bucket with germicidal cleaner. 2. Remove mop head and wipe down mop handle with germicidal cleaner. ...5. Remove all wiping cloths and mop heads for laundering."</p> <p>2. During the tour of the facility at 11:55 AM on 07/06/15, accompanied by staff member #2, an endoscopy nurse, the following items were observed in the surgery area housekeeping closet:</p> <p>A. A mop handle with a damp mop head sitting in an empty mop bucket. B. A container of "Betco pH 7 Q" disinfectant solution with label directions to use 2 ounces of chemical for each gallon of water. C. A shelf containing two bottles of a floor buffer solution, one of which was a spray bottle. D. A shelf containing clean mop heads. E. A plastic 16 ounce measuring cup, with a marked line at 4 ounces, and with a large paper clip stuck inside the cup.</p>			

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	<p>3. At 11:55 AM on 07/06/15, staff member #2, indicated nursing staff cleaned the procedure rooms using Cavicide wipes and the items in the closet were used by the cleaning staff who came after hours. He/she indicated the mop and bucket rarely were used by facility staff and were not used today.</p> <p>4. At 2:45 PM on 07/06/15, the Infection Control Nurse, staff member #4, was interviewed. He/she indicated the cleaning company had been with the facility for 10 years, but he/she had only held this position for 4 years and did not do the original training for the cleaning staff. He/she did have documentation of annual mandatory inservicing for the 3 cleaning staff members, including the supervisor, #C3. He/she indicated he/she did quarterly observations of the cleaning staff, but did not have documentation of this. He/she provided documentation of monthly observations by the supervisor. He/she indicated both the measuring cup and the mop bucket had markings to assure the correct concentration of chemical was used for cleaning, but acknowledged he/she did not watch the cleaning staff mix the chemicals. He/she indicated only the approved chemicals were in the housekeeping closet.</p>			

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	<p>5. At 12:45 PM on 07/07/15, the housekeeping closet was checked again with another endoscopy nurse, staff member #10. The mop with a wet mop head was again sitting in the mop bucket and the paperclip was still in the bottom of the measuring cup. Staff member #10 indicated the cleaning crew had cleaned the evening before and facility staff had not used the mop or bucket today.</p> <p>6. The supervisor of the contracted cleaning service, staff member #C3, was interviewed by phone at 1:10 PM on 07/07/15 since an observation was not possible. He/she indicated he/she had cleaned the facility since 2010 and indicated staff and patients were usually gone when the cleaning was done. C1 indicated the disinfectant "pH 7 Q" was used both for surface cleaning and for mopping, but he/she did not remember the dilution ratio. He/she indicated there was a measuring cup for the chemical and a line in the mop bucket, and directions posted in the housekeeping closet for the crew to follow. He/she indicated one mop head was used each night in the facility, then put in the laundry basket to be removed. He/she indicated staff also had to mix the chemical for surface cleaning in spray bottles. He/she indicated he/she had cleaned the facility about a week ago.</p>			

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S 0000 Bldg. 00	<p>7. At 1:25 PM on 07/07/15, the housekeeping closet was checked a third time with the Executive Director, staff member #1. A list of chemicals used in the facility was posted on the wall, but no instructions or directions on how to use them. There were no other buckets, containers, or spray bottles other than the solution for buffing the floor observed in the closet.</p> <p>8. On above date and time, staff member #1 confirmed the findings and the wet mop and paperclip in the measuring cup, and also confirmed it could not be determined whether the cleaning staff were preparing chemicals according to manufacturer's directions. He/she confirmed he/she did not observe this process with the crew although facility staff had worked with the crew and reeducated them since the last survey.</p> <p>This visit was for a State licensure survey.</p> <p>Facility Number: 003498</p> <p>Survey Date: 7/6/2015 through 7/7/2015</p>	S 0000		

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S 0624 Bldg. 00	<p>QA: cjl 07/31/15</p> <p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(7)</p> <p>An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(7) The center shall ensure the confidentiality of patient records. The center must develop, implement, and maintain the following:</p> <p>(A) A procedure for releasing information or copies of records only to authorized individuals, in accordance with federal and state laws.</p> <p>(B) A procedure that ensures that unauthorized individuals cannot gain access to patient records.</p> <p>Based on document review, observation, and interview, the facility failed to ensure patients' medical records were protected from unauthorized access.</p> <p>Findings included:</p>	S 0624	The Housekeeping Staff no longer has the ability to get into the Medical Records Room. Housekeeping can only clean the Medical Records room when staff is able to stand in room as they clean. The Executive Director is responsible to make sure housekeeping cannot enter the	08/07/2015

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	<p>1. The facility policy "Release of Information from the Medical Record", last reviewed 02/27/15, indicated, "It is the ultimate responsibility of the Executive Director to ensure the medical records of living or deceased patients are used only for purposes for which the proper authorization has been received. ... In its use of the record for such purposes the Center shall at all times protect the confidentiality of the record."</p> <p>2. During the tour of the facility at 12:10 PM on 07/06/15, accompanied by staff member #2, an endoscopy nurse, open shelves of medical records were observed in a storage room with a locked door.</p> <p>3. At 12:15 PM on 07/06/15, staff member #11, the Business Manager, confirmed the contracted cleaning staff had access to the medical records' room and cleaned after hours with no facility staff present.</p> <p>4. At 1:10 PM on 07/07/15, the contracted cleaning staff supervisor, #C3, was interviewed by phone. He/she indicated the contracted staff cleaned the facility Monday- Friday evenings, and no one else was usually in the facility. He/she confirmed the workers had access, and cleaned, the medical records' room each night.</p>		Medical Records Room unless staff is observing them.	

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S 1174 Bldg. 00	<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 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, observation, manufacturer's directions, and interview, the infection control committee failed 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>			S 1174	<p>The Infection Control Preventionist will report to the Quality Assurance Committee quarterly random observations of housekeeping performing their job. The Housekeeping company is installing a device that is mounted on the wall of housekeeping closet that measures cleaning solutions for mop bucket or spray bottles. The</p>		08/19/2015

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	<p>1. The facility policy "Housekeeping Policy", last reviewed 02/27/15, indicated, "A. 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. B. Director shall confirm with contract service that employees are instructed in proper procedures. C. Director shall monitor contract services and initiate corrective action if proper standards are not maintained. D. Location of Supplies: 1. Supplies used in the cleaning of the recovery room, operating rooms, surgical hallways, clean processing rooms and soiled rooms shall be located in the housekeeping closet adjoining the surgical hall. ...c. Used mop heads shall be removed from the housekeeping closet after each use (daily) and placed in the designated soiled linen hampers for laundering prior to being brought back to the surgical clean area. ... H. Cleaning Tasks & Frequency: Procedure Rooms- Daily: 1. Clean exposed surfaces of cabinets and countertops with disinfectant. ...4. Clean lights, instrument stands, tables, and stools with disinfectant. ...7. Mop floors with germicidal cleaner. ...Janitorial Closet- Daily: 1. Empty and wipe down mop bucket with germicidal cleaner. 2.</p>		<p>Executive Director will supervise installation and implementation. The Housekeeping company no longer put fresh mop head in buckets that are not dry. The Executive Director and Infection Control Preventionist will oversee this practice.</p>				

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	<p>Remove mop head and wipe down mop handle with germicidal cleaner. ...5. Remove all wiping cloths and mop heads for laundering."</p> <p>2. During the tour of the facility at 11:55 AM on 07/06/15, accompanied by staff member #2, an endoscopy nurse, the following items were observed in the surgery area housekeeping closet: A. A mop handle with a damp mop head sitting in an empty mop bucket. B. A container of "Betco pH 7 Q" disinfectant solution with label directions to use 2 ounces of chemical for each gallon of water. C. A shelf containing two bottles of a floor buffer solution, one of which was a spray bottle. D. A shelf containing clean mop heads. E. A plastic 16 ounce measuring cup, with a marked line at 4 ounces, and with a large paper clip stuck inside the cup.</p> <p>3. At 11:55 AM on 07/06/15, staff member #2, indicated nursing staff cleaned the procedure rooms using Cavicide wipes and the items in the closet were used by the cleaning staff who came after hours. He/she indicated the mop and bucket rarely were used by facility staff and were not used today.</p> <p>4. At 2:45 PM on 07/06/15, the Infection</p>			

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	<p>Control Nurse, staff member #4, was interviewed. He/she indicated the cleaning company had been with the facility for 10 years, but he/she had only held this position for 4 years and did not do the original training for the cleaning staff. He/she did have documentation of annual mandatory inservicing for the 3 cleaning staff members, including the supervisor, #C3. He/she indicated he/she did quarterly observations of the cleaning staff, but did not have documentation of this. He/she provided documentation of monthly observations by the supervisor. He/she indicated both the measuring cup and the mop bucket had markings to assure the correct concentration of chemical was used for cleaning, but acknowledged he/she did not watch the cleaning staff mix the chemicals. He/she indicated only the approved chemicals were in the housekeeping closet.</p> <p>5. At 12:45 PM on 07/07/15, the housekeeping closet was checked again with another endoscopy nurse, staff member #10. The mop with a wet mop head was again sitting in the mop bucket and the paperclip was still in the bottom of the measuring cup. Staff member #10 indicated the cleaning crew had cleaned the evening before and facility staff had not used the mop or bucket today.</p>				

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	<p>6. The supervisor of the contracted cleaning service, staff member #C3, was interviewed by phone at 1:10 PM on 07/07/15 since an observation was not possible. He/she indicated he/she had cleaned the facility since 2010 and indicated staff and patients were usually gone when the cleaning was done. C1 indicated the disinfectant "pH 7 Q" was used both for surface cleaning and for mopping, but he/she did not remember the dilution ratio. He/she indicated there was a measuring cup for the chemical and a line in the mop bucket, and directions posted in the housekeeping closet for the crew to follow. He/she indicated one mop head was used each night in the facility, then put in the laundry basket to be removed. He/she indicated staff also had to mix the chemical for surface cleaning in spray bottles. He/she indicated he/she had cleaned the facility about a week ago.</p> <p>7. At 1:25 PM on 07/07/15, the housekeeping closet was checked a third time with the Executive Director, staff member #1. A list of chemicals used in the facility was posted on the wall, but no instructions or directions on how to use them. There were no other buckets, containers, or spray bottles other than the solution for buffing the floor observed in the closet.</p>			

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	8. On above date and time, staff member #1 confirmed the findings and the wet mop and paperclip in the measuring cup, and also confirmed it could not be determined whether the cleaning staff were preparing chemicals according to manufacturer's directions. He/she confirmed he/she did not observe this process with the crew although facility staff had worked with the crew and reeducated them since the last survey.				