

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001060	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EVANSVILLE SURGERY CENTER ASSOCIATES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 520 MARY ST STE 130 EVANSVILLE, IN 47710
--	--

(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
S0000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 009234</p> <p>Dates: 5-21-12 through 5-22-12</p> <p>Surveyors:</p> <p>Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>Carol Laughlin RN Public Health Nurse Surveyor</p> <p>QA: claughlin 06/20/12</p>	S0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001060		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2012	
NAME OF PROVIDER OR SUPPLIER EVANSVILLE SURGERY CENTER ASSOCIATES LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 520 MARY ST STE 130 EVANSVILLE, IN 47710			
(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			
S0404	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(b)</p> <p>(b) The center shall maintain a written, active, and effective center-wide infection control program. Included in this program must be a system designed for the identification, surveillance, investigation, control, and prevention of infections and communicable diseases in patients and health care workers.</p> <p>Based on document review and interview, the facility failed to have an effective infection control program to prevent the spread of communicable diseases in patients and health care workers for 17 of 17 employees (P# 1-14, and BJ #1-3).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of personnel files on 5-22-12 indicated 17 of 17 employees (P# 1-14, and BJ #1-3) lacked documented proof of education regarding the signs and symptoms of tuberculosis and education to report signs/symptoms on an annual basis as required by facility policy. 2. Review of policy #5101 on 5-22-12 titled TUBERCULOSIS PLAN indicated the following: G. All employees will have a review of important TB information on an annual basis. 3. Review of the education provided 	S0404	<p>S404 The annual education for TB completed via HealthStream will be amended with a hard stop for a facility insert on the signs and symptoms of Tuberculosis. Requirements for reporting to the Infection Control Officer / Employee Health will also be included in the education. Since the yearly education was completed for 2012, an additional inservice regarding TB Exposure, signs and symptoms and reporting will be posted for mandatory review to be completed by 8/31/2012. (See Ex. S 404 A) (<u>Amendment notification from ISDH on July 30, 2012</u>) CORRECTION:Additional Education for the staff (beyond the yearly inservice already completed) was posted via HealthStream learning on 6/29/2012 (See Ex. S 404 B). Staff has 60 days to complete the mandatory learning. Monitoring of completion will be done by the</p>	08/31/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001060	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2012
NAME OF PROVIDER OR SUPPLIER EVANSVILLE SURGERY CENTER ASSOCIATES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 520 MARY ST STE 130 EVANSVILLE, IN 47710		
(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	
	<p>through "Health Stream" titled AIRBORNE PRECAUTIONS: TUBERCULOSIS provides links to the CDC and OSHA; facility personnel can advance to the following slide without accessing and reviewing the educational materials related to TB exposure, signs and symptoms, or reporting, as demonstrated by B#2 on 5-22-12 at 1305 hours.</p> <p>4. Interview with B#2 on 5-22-12 confirmed the facility requires annual education related to TB and personnel can advance the slides during computerized education and not view the material related to TB information; B#2 confirmed it could not be determined that staff reviewed the educational materials related to TB as required by facility policy.</p>		<p>Education Coordinator via completion audits in the HealthStream system. Completion report as of July 30, 2012 is 73.58%. (See Ex. S 404 C). Failure to complete mandatory inservices in a timely manner will be reflected in employee reviews or may result in inability to return to work until complete. The Education Coordinator oversees the completions and notifies the Charge Nurses of delinquencies.</p>		