

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001081 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 01/09/2014 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3600 W BETHEL AVENUE MUNCIE, IN 47304 | | |
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| S000000 | <p>The visit was for a licensure survey.</p> <p>Facility Number: 010493</p> <p>Survey Date: 1-08-14 to 1-09-14</p> <p>Surveyors: Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>Linda Plummer, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/13/14</p> | S000000 | | | |

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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| S000466 | <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(g)(3)</p> <p>Sterilization services must be directed by a qualified person or persons and must provide for the following:</p> <p>(3) Records of results must be maintained and evaluated periodically in accordance with 410 IAC 15-2.4-2 to include, but not limited to, the following:</p> <p>(A) Records of recording thermometers or a daily record of the sterilizing cycle (date, time, temperature, pressure, and contents) for each sterilizer load.</p> <p>(B) Results of biological indicators used in testing the sterilizing processes.</p> <p>Based on document review and interview, the infection control committee failed to ensure the documentation of periodic evaluation of sterilization processes and biologicals, as part of infection control and quality committee review.</p> <p>Findings:</p> <p>1. at 11:30 AM on 1/9/14, review of the quality committee meeting minutes for 6/18/13, 8/20/13, 10/15/13 and 12/10/13, indicated:</p> <p>a. these meetings included infection control practitioner reports and data</p> | S000466 | <p>(1) Developed audit tools for reporting Sterilization Cycle and Biological Indicator on 1/15/14. (2) Sterilization Cycle Report and Biological Indicator Report was added to the Quality Improvement Risk Management (QIRM) Tool for reporting on a quarterly basis to the QIRM committee. These items were added to the Survey Tool Indicator listing on the QIRM Plan policy QI-QUAL-1. The QIRM tool and QIRM Plan policy will be taken to QI/MAC for approval on 1/21/14. (3) Director of Surgery is responsible. (4) 1/15/14.</p> | 01/15/2014 | | | |

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| | <p>b. there was no indication that the results of sterilization processes and biological reports were presented/reported to the members</p> <p>2. interview with staff members #60, the administrator, and #61, the director of surgery, at 12:30 PM on 1/9/14, indicated that currently the sterilization processes and biological reports were not reported to the members at their quality meetings</p> | | | |

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| S000772 | <p>410 IAC 15-2.5-4 MEDICAL STAFF; ANESTHESIA AND SURGICAL 410 IAC 15-2.5-4(b)(3)(M)</p> <p>These bylaws and rules must be as follows:</p> <p>(3) Include, at a minimum, the following:</p> <p>(M) A requirement that a medical history and physical examination be performed as follows:</p> <p>(i) In accordance with medical staff requirements on history and physical consistent with the scope and complexity of the procedure to be performed.</p> <p>(ii) On each patient admitted by a physician, dentist, or podiatrist who has been granted such privileges by the medical staff or by another member of the medical staff.</p> <p>(iii) Within the time frame specified by the medical staff prior to date of admission and documented in the record with a durable, legible copy of the report and with an update and changes noted in the record on admission in accordance with center policy.</p> <p>Based on policy and procedure review, patient medical record review, and interview, the medical staff failed to ensure the updating of a patient history and physical for 1 of 2 charts for physician #67. (pt. #16)</p> | S000772 | (1) Reviewed chart with the physician. Reminded physician he must update and sign the history and physical prior to patient going to the operating room. (2) Reminded staff to check history and physicals to ensure it is updated, signed and dated on the day of surgery prior | 01/15/2014 | | | |

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| | <p>Findings:</p> <ol style="list-style-type: none"> 1. review of the policy and procedure "Surgical Services", CS-SURG-1, with a date of February 28, 2013, indicated: <ol style="list-style-type: none"> a. under "Policy", in section 4., it reads: "The admitting physician shall obtain an appropriate history...and perform a physical examination of the patient within thirty days of the scheduled procedure...Upon admission the day of surgery, the surgeon must sign and date an updated History and Physical (H & P) form." 2. review of patient records indicated that pt. #16: <ol style="list-style-type: none"> a. had a H & P done on 11/4/13 b. was admitted for surgery on 11/21/13 c. had an updated H & P that was signed by physician #67 on 12/5/13 3. interview with staff member #61, the director of surgery, at 3:25 PM on 1/9/14 indicated: <ol style="list-style-type: none"> a. facility policy states that the update to the H & P must be on the day of surgery b. a quality review of the chart, after the day of surgery, must have shown a lack of updating and subsequent notation by the physician c. the 12/5/13 date is beyond the day | | to the patient going to the operating room. A reminder was posted in doctor's dictation and Pre-Op areas to make sure H&Ps are updated, signed and dated prior to going to the OR. (3) Director of Surgery is responsible. (4) 1/15/14 | | | | |

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| | of surgery, and not per facility policy | | | | |