

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001025	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2014
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NAME OF PROVIDER OR SUPPLIER MERIDIAN PLASTIC SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 170 W 106TH ST INDIANAPOLIS, IN 46290
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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
S000000	This visit was for a State licensure survey. Facility Number: 005406 Survey Date: 2-10/12-14 Surveyors: Jack I. Cohen, MHA Medical Surveyor John Lee, RN Public Health Nurse Surveyor QA: cloughlin 02/24/14	S000000	S 0000 none reauired	
S001178	4/10/14 revised due to IDR 410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(5)(B) (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: (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: (B) Refuse, biohazards, infectious wastes, and garbage must be collected,			

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>transported, sorted and disposed of by methods that will minimize nuisances or hazards according to federal, state, and local laws and rules.</p> <p>Based on document review and interview, the facility failed to ensure written policies for the collection, transportation, sorting, storage and disposal of biohazards, infectious wastes and garbage. Findings:</p> <ol style="list-style-type: none"> On 2-11-14 at 2:00 pm, employee #A1 was requested to provide written policies for the collection, transportation, sorting, storage and disposal of biohazards, infectious wastes and garbage. No documents were provided in response to the above request. In interview, on 2-11-14 at 2:00 pm, employee #A1 confirmed the above and no further documentation was provided prior to exit. 	S001178	<p>S1178 - Director responsible - Tag dispute. I thought the surveyor did see my Pand P for Biohazardous waste and the Ampro terms and conditions that were in the contract book. I would like this tag removed as I did have the policy and information S1178 - Director responsible. I have sent in the Policy and Procedure and Ampro's contract to explain how we handle our red bag trash. See attachments A and B for S1178. The red bag trash is placed in Biohazardous containers lined with red bags. The bags are tied when full and the container closed and snapped. All sharps and contaminated items go in these containers which are picked up by Ampro every other week or as needed. Our black bag trash(garbage) is placed tied in the dirty utility room for the cleaning people to take out to the dumpster at night and is picked up the next day. The dumpster is in a closed garage. This has been our ongoing policy. The room in the building is marked with a hazardous waste sticker.</p>	05/07/2014	