

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001031		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/24/2013	
NAME OF PROVIDER OR SUPPLIER MARION EYE SPECIALISTS SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 711 W GARDNER DR MARION, IN 46952			
(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			
Q000000	<p>The visit was for a re-certification survey.</p> <p>Facility Number: 005975</p> <p>Survey Date: 1-22-13 to 1-24-13</p> <p>Surveyors: Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>Linda Plummer, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/31/13</p>	O000000					

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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Q000162	<p>416.47(b) FORM AND CONTENT OF RECORD The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:</p> <ul style="list-style-type: none"> (1) Patient identification. (2) Significant medical history and results of physical examination. (3) Pre-operative diagnostic studies (entered before surgery), if performed. (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (5) Any allergies and abnormal drug reactions. (6) Entries related to anesthesia administration. (7) Documentation of properly executed informed patient consent. (8) Discharge diagnosis. <p>Based on policy and procedure review, patient medical record review, and staff interview, the facility failed to ensure the accuracy of history and physical documentation prior to surgery for 3 of 20 patient medical records (pts. # 5, 6 and 11).</p> <p>Findings: 1. at 11:25 AM on 1/24/13, review of the policy and procedure "Medical Records - General", with a policy number of 4.01 and a "revised 1-12" date, indicated: a. under "Policy", it reads: "A medical record shall be maintained for each</p>	O000162	The history and physical form will reflect the correct eye for the date of services. Surgeons were informed of the inaccuracy reflected when the first eye surgery history and physical was updated by indicating no change in H & P for the second eye surgery without reflecting the opposite eye on the plan of surgery. The same form will be used for history and physicals but surgeons are responsible for indicating the correct eye for the date of services. The Medical Record personnel will audit charts for correct eye indication on the date of service. Deficiency corrected by 1-30-13 by	01/30/2013			

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	<p>patient, which is accurate, legible, complete and comprehensive..."</p> <p>b. under "Content", it reads: "Accurate and complete medical records are written for all patients...."</p> <p>2. review of patient medical records at 10:00 AM on 1/23/13 indicated:</p> <p>a. pt. #5 had:</p> <p>A. a "Procedural History & Physical" form in the record which indicated the "...Present Illness" was "Decreased vision O.S." (left eye) that was dated 11/27/12 (and three other notations that "O.S." was the surgical site)</p> <p>B. a note that reads: "H & P unchanged" which was authenticated by the surgeon on 12/4/12 when the patient was having cataract surgery on the "O.D." (right eye), as per the operative consent of 12/4/12 (and other documentation in the medical record)</p> <p>b. pt. #6 had:</p> <p>A. a "Procedural History & Physical" form in the record which indicated the "...Present Illness" was "Decreased vision O.D." (right eye) that was dated 11/27/12 (and three other notations that "O.D." was the surgical site)</p> <p>B. a note that reads: "H & P unchanged" which was authenticated by the surgeon on 12/4/12 when the patient was having cataract surgery on the "O.S."</p>		<p>confirming plan with Medical Record Consultant, informing surgeons of charting needs and educating Medical Records personnel on audit need. The ASC Patient Care Manager is responsible for implementing and monitoring that H & P forms identify the correct eye scheduled for surgery.</p>				

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	<p>(left eye), as per the operative consent of 12/4/12 (and other documentation in the medical record)</p> <p>c. pt. #11 had:</p> <p>A. a "Procedural History & Physical" form in the record which indicated the ".Present Illness" was "Decreased vision O.D." (right eye) that was dated 11/1/12 (and two other notations that "O.D." was the surgical site)</p> <p>B. a note that reads: "H & P unchanged" which was authenticated by the surgeon on 11/20/12 when the patient was having cataract surgery on the "O.S." (left eye), as per the operative consent of 11/20/12 (and other documentation in the medical record)</p> <p>3. interview with staff member #50, the facility administrator, at 11:40 AM on 1/23/13 indicated:</p> <p>a. the "Procedural History & Physical" form is being utilized for both surgeries when it is known that cataract surgery will be performed on each eye, but on two different dates</p> <p>b. documentation is inaccurate for patients #5, 6 and 11 without updating the second physician authorization to indicate the second eye (different eye) for their second surgery</p>						

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Q000182	<p>416.48(a)(1) ADMINISTRATION - ADVERSE REACTIONS</p> <p>Adverse reactions must be reported to the physician responsible for the patient and must be documented in the record.</p> <p>Based on document review and interview, the center failed to ensure that all adverse drug reactions would be documented in the medical record (MR).</p> <p>Findings:</p> <ol style="list-style-type: none"> The policy/procedure Incident Reporting/Adverse Incidents (revised 1-12) failed to require the responsible clinical staff to document an adverse drug reaction in the MR. During an interview on 1-24-13 at 1245 hours, staff A1 confirmed that the policy/procedure lacked a requirement for documenting the adverse reaction in the MR. 	Q000182	<p>Policy 14.02 was revised to reflect adverse reactions are to be documented in the medical record. See attached policy 14.02. Revised policy will be submitted to Committee at large for approval 2-5-13 and forwarded to the Governing Board for approval on 2-5-13. The ASC Patient Care Manager will investigate all adverse reaction events to confirm the medical record documentation is present.</p>	02/05/2013

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Q000227	<p>416.50(b)(1)(i) RESPECT - PROPERTY & PERSON The patient has the right to - Exercise his or her rights without being subjected to discrimination or reprisal. Based on document review and interview, the written and posted notice of Patient Rights failed to indicate that a patient or their representative may exercise their rights without fear of reprisal.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the posted Patient Rights and Responsibilities (revised 8-2011) and the document Eye Specialists Surgery Centers Patient Rights and Responsibilities (revised 8-2011) provided to patients failed to indicate that a patient may exercise their rights without being subjected to discrimination or reprisal. During an interview on 1-22-13 at 1545 hours, staff A1 confirmed that the notices of Patient Rights failed to indicate the patient right to exercise their rights without fear of reprisal. 	O000227	The posted Patient Bill of Rights and written document provided to the patient was revised to clearly state a patient may exercise their rights without being subjected to discrimination or reprisal. The ASC Patient Care Manager will present the revisions to the Committee at Large on 2-5-13 and the revisions will be forwarded to the Governing Board for approval on 2-5-13. The ASC Patient Care Manager is responsible for implementing and monitoring that the corrected Patient Bill of Rights is posted and distributed to patients.	02/05/2013			

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S000000	<p>The visit was for a Licensure survey.</p> <p>Facility Number: 005975</p> <p>Survey Date: 1-22-13 to 1-24-13</p> <p>Surveyors: Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>Linda Plummer, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/31/13</p>	S000000			

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S000166	<p>410 IAC 15-2.4-1 GOVERNING BODY; POWERS AND DUTIES 410 IAC 15-2.4-1 (c)(5) (I)</p> <p>Require that the chief executive officer develop and implement policies and programs for the following:</p> <p>(I) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>Based on policy and procedure review, document review, observation, and staff interview, the facility failed to implement its policy related to the maximum temperature for the blanket warmer located in the pre/post operative area.</p> <p>Findings:</p> <p>1. at 11:25 AM on 1/24/13, review of the policy and procedure "Blanket Warmer", with a policy number of 5.51 and written as "New 2-12", indicated:</p> <p>a. under the section "Practices & Procedures", it reads: "...b. Warmer unit should be set to provide no greater heat than 130 degrees F for blankets..."</p> <p>2. at 1:30 PM on 1/24/13, review of the "Critical Equipment Checklist" for 9/20/12 to 1/24/13 dates of blanket warmer checks (on patient/surgery days only) indicated:</p> <p>a. 7 of 9 dates the warmer was checked</p>	S000166	<p>The blanket warmer thermometer manufacture, Thermca, technical support was contacted. Informed that the thermometer may be wrapped in a cloth to prevent the tip from contacting the metal shelving resulting in more accurate reflection of the temperature of the blankets verses the sides of the warmer. The thermometer tip was covered and temperature remains consistent. The target temperature was reduced so fluctuations would remain within an acceptable range and still provide patients with a warmed blanket. Staff were informed of the change and reminded to contact the ASC Patient Care Manager for out of range temperature readings.</p>	01/31/2013			

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	<p>in October indicated the warmer was at a temperature greater than 130 degrees (ranged from 134 to 154 degrees)</p> <p>b. 2 of 6 days the warmer was checked in November indicated the warmer was at a temperature greater than 130 degrees (140 degrees on both days)</p> <p>c. 1 of 7 days the warmer was checked in December indicated the warmer was at a temperature greater than 130 degrees (150 degrees)</p> <p>d 2 of 7 days the warmer has been checked so far in January indicated the warmer was at a temperature greater than 130 degrees (142 and 144 degrees)</p> <p>3. while on tour of the pre/post op area of the facility at 2:15 PM on 1/23/13 while in the company of staff member #50, the facility administrator, it was observed that the blanket warmer temperature was 160 degrees</p> <p>4. interview with staff member #50 at 2:20 PM on 1/23/13 and 11:25 AM on 1/24/13 indicated:</p> <p>a. the thermometer in the blanket warmer has been moved around to find the most accurate placement for temperature checking</p> <p>b. it is unclear why there is such variability in the temperatures of the warmer</p> <p>c. the 160 degree temperature on</p>						

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	1/23/13 was on a non-patient care day, so should be exempt from being noted as greater than 130 degrees				

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S000612	<p>410 IAC 15-2.5-3 MEDICAL RECORDS, STORAGE, AND ADMIN. 410 IAC 15-2.5-3(c)(1)</p> <p>(c) An adequate medical record must be maintained with documentation of service rendered for each patient of the center as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>Based on policy and procedure review, patient medical record review, and staff interview, the facility failed to ensure the accuracy of history and physical documentation prior to surgery for 3 of 20 patient medical records (pts. # 5, 6 and 11).</p> <p>Findings:</p> <p>1. at 11:25 AM on 1/24/13, review of the policy and procedure "Medical Records - General", with a policy number of 4.01 and a "revised 1-12" date, indicated:</p> <p>a. under "Policy", it reads: "A medical record shall be maintained for each patient, which is accurate, legible, complete and comprehensive..."</p> <p>b. under "Content", it reads: "Accurate and complete medical records are written for all patients...."</p> <p>2. review of patient medical records at 10:00 AM on 1/23/13 indicated:</p>	S000612	<p>The history and physical form will reflect the correct eye for the date of services. Surgeons were informed of the inaccuracy reflected when the first eye surgery history and physical was updated by indicating no change in H & P for the second eye surgery without reflecting the opposite eye on the plan of surgery. The same form will be used for history and physicals but surgeons are responsible for indicating the correct eye for the date of services. The Medical Record personnel will audit charts for correct eye indication on the date of service. Deficiency corrected by 1-30-13 by confirming plan with Medical Record Consultant, informing surgeons of charting needs and educating Medical Records personnel on audit need. The ASC Patient Care Manager is responsible for implementing and monitoring that H & P forms identify the correct eye scheduled</p>	01/30/2013			

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	<p>a. pt. #5 had: A. a "Procedural History & Physical" form in the record which indicated the "...Present Illness" was "Decreased vision O.S." (left eye) that was dated 11/27/12 (and three other notations that "O.S." was the surgical site) B. a note that reads: "H & P unchanged" which was authenticated by the surgeon on 12/4/12 when the patient was having cataract surgery on the "O.D." (right eye), as per the operative consent of 12/4/12 (and other documentation in the medical record)</p> <p>b. pt. #6 had: A. a "Procedural History & Physical" form in the record which indicated the "...Present Illness" was "Decreased vision O.D." (right eye) that was dated 11/27/12 (and three other notations that "O.D." was the surgical site) B. a note that reads: "H & P unchanged" which was authenticated by the surgeon on 12/4/12 when the patient was having cataract surgery on the "O.S." (left eye), as per the operative consent of 12/4/12 (and other documentation in the medical record)</p> <p>c. pt. #11 had: A. a "Procedural History & Physical" form in the record which indicated the "...Present Illness" was "Decreased vision</p>		for surgery.		

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	<p>O.D." (right eye) that was dated 11/1/12 (and two other notations that "O.D." was the surgical site)</p> <p>B. a note that reads: "H & P unchanged" which was authenticated by the surgeon on 11/20/12 when the patient was having cataract surgery on the "O.S." (left eye), as per the operative consent of 11/20/12 (and other documentation in the medical record)</p> <p>3. interview with staff member #50, the facility administrator, at 11:40 AM on 1/23/13 indicated:</p> <p>a. the "Procedural History & Physical" form is being utilized for both surgeries when it is known that cataract surgery will be performed on each eye, but on two different dates</p> <p>b. documentation is inaccurate for patients #5, 6 and 11 without updating the second physician authorization to indicate the second eye (different eye) for their second surgery</p>				

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S001020	<p>410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6(3)(D)</p> <p>Pharmaceutical services must have the following:</p> <p>(3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following:</p> <p>(D) Reporting of adverse reactions and medication errors to the practitioner responsible for the patient and the appropriate committee, and documented in the patient's record.</p> <p>Based on document review and interview, the center failed to ensure that adverse drug reactions and medication errors would be documented in the medical record (MR).</p> <p>Findings:</p> <p>1. The policy/procedure Incident Reporting/Adverse Incidents (revised 1-12) failed to require the responsible clinical staff to document adverse drug reactions and medication errors in the MR.</p> <p>2. During an interview on 1-24-13 at 1245 hours, staff A1 confirmed that the policy/procedure lacked a requirement for documenting the adverse reaction or</p>	S001020	<p>Policy 14.02 was revised to reflect adverse reactions are to be documented in the medical record. See attached policy 14.02. Revised policy will be submitted to Committee at large for approval 2-5-13 and forwarded to the Governing Board for approval on 2-5-13. The ASC Patient Care Manager will investigate all adverse reaction events to confirm the medical record documentation is present.</p>	02/05/2013			

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	medication error in the MR.				

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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
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S001170	<p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(4)(B)(iv)</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>(4) The patient care equipment requirements are as follows:</p> <p>(B) All patient care equipment must be in good working order and regularly serviced and maintained as follows:</p> <p>(iv) Defibrillators must be discharged at least in accordance with manufacturers' recommendations, and a discharge log with initialed entries must be maintained.</p> <p>Based on document review, observation and interview, the center failed to perform defibrillator testing as recommended by the manufacturer.</p> <p>Findings:</p> <p>1. The Physio-Control LifePak 20 Operating Instructions (2008 edition) indicated the following: " Table 7-1 lists the recommended maintenance and testing schedule ...an Operator ' s Checklist is included in these operating instructions (refer to Appendix D) ...Complete Operator ' s Checklist [daily].</p>	S001170	The defibrillator test is being completed daily on planned surgery days but lacked the evidence from the manufacturer's manual to reflect how and what was being tested. The ASC Patient Care Manager added a copy of the manufacturer's recommendations, Lifepak 20 Defibrillator/Monitor Operator's Checklist, to the crash cart clipboard and educated the staff on the use of the checklist for daily checks. Documentation remains unchanged but proof of what and how to check the defibrillator is at the site. Policy 5.43 was updated to reflect the	01/31/2013
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001031		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/24/2013	
NAME OF PROVIDER OR SUPPLIER MARION EYE SPECIALISTS SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 711 W GARDNER DR MARION, IN 46952			
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	<p>"</p> <p>2. The policy/procedure Operation of Defibrillator (approved 12-10) indicated a requirement for checking the defibrillator each surgery day according to the manufacturer ' s recommendations and failed to incorporate or exhibit the Operator ' s Checklist for the LifePak 20 Defibrillator/Monitor.</p> <p>3. During a tour of the post-op area on 1-23-13 at 1415 hours, the center crash cart and LifePak 20 defibrillator checklist were observed with the following condition: the Critical Equipment Checklist failed to indicate the information listed on the Operator ' s Checklist and a copy of the Operator ' s Checklist was not available in the area with the crash cart.</p> <p>4. During an interview on 1-23-13 at 1520 hours, staff A1 confirmed that the defibrillator checks were not completed in accordance with the manufacturer ' s recommendations.</p>		<p>addition of the checklist to the crash cart clipboard. The ASC Patient Care Manager is responsible for implementing and monitoring that the checklist is available and being followed for daily checking of the defibrillator.</p>				