

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001105	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/15/2011
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NAME OF PROVIDER OR SUPPLIER  SOUTH EMERSON SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8141 S EMERSON AVE STE C INDIANAPOLIS, IN 46237
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S0000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 002837</p> <p>Survey Date: 12-13/15-11</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>Karilyn Tretter , RN Public Health Nurse Surveyor</p> <p>QA: claughlin 12/21/11</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.

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S0230	<p>410 IAC 15-2.4-1(e)(5)</p> <p>The governing body is responsible for services delivered in the center whether or not they are delivered under contracts. The governing body shall do the following:</p> <p>(5) Provide for a periodic review of the center and its operation by a utilization review or other committee composed of three (3) or more duly licensed physicians having no financial interest in the facility.</p> <p>Based on document review and interview, the facility failed to provide for a periodic review of the center and its operation by a utilization review committee.</p> <p>Findings:</p> <p>1. On 12-13-11 at 9:15 am, employee #A1 was requested to provide documentation of a periodic review of the center and its operation by a utilization review committee composed of 3 or more physicians who had no financial interest in the facility.</p> <p>2. Review of documents indicated each physician had individually conducted a periodic review of the center and its operation and presented their findings to the governing board for any necessary actions.</p> <p>3. On 12-14-11 at 1:30 pm, upon</p>	S0230	In the future, the reviewers will not only complete the requested SESC audit forms but will meet by committee to discuss findings of the audit. SESC employed independant third party physicians with no financial interest to review charts and surgical procedures and complete audit paperwork. The information was reviewed by the physicians and reviewed by the Board of Govenors but the reviewing physicians did not meet by committee.	01/04/2012

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	<p>interview, employee #A1 indicated the review by the physicians were independent of each other and they had not acted as a committee.</p> <p>4. No further documentation was provided prior to exit.</p>			

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S1210	<p>410 IAC 15-2.5-8(c)(1)</p> <p>(c) All centers shall comply with all regulations set forth in this rule and with 410 IAC 5, when radiology services are provided on-site by the center, including, but not limited to the following:</p> <p>(1) Radiology services must be supervised by a radiologist or radiation oncologist.</p> <p>Based on document review and interview, the facility failed to document radiology services conducted in the facility were supervised by a radiologist or radiation oncologist.</p> <p>Findings:</p> <p>1. Review of a document entitled RADIOLOGY SERVICES AGREEMENT, an agreement between Sisters of St. Francis Health Services, Inc and South Emerson Surgery Center, LLC, indicated St. Francis shall provide Surgery Center with radiology support and services, including but not limited to all radiology services shall be supervised by a radiologist.</p> <p>2. On 12-14-11 at 1:30 pm, upon interview, employee #A1 indicated radiology services were provided on-site by the surgeons. On that date and time,</p>	S1210	SESC has contracted with a radiologist and maintains a radiology agreement. The radiologist himself had not reviewed the policies and procedures to determine if they meet guidelines. SESC will utilize the radiologist to review policies and procedures and reports from radiology services.	01/04/2012	

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	the employee was requested to provide documentation of supervision of the radiology service by a radiologist or radiation oncologist. The employee indicated there was no documentation and none was provided prior to exit.			
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