

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001136	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/13/2013
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NAME OF PROVIDER OR SUPPLIER NOVAMED PAIN MANAGEMENT CENTER OF NEW ALBANY LL	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W FIRST ST NEW ALBANY, IN 47150
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Q000000	<p>This visit was for a re-certification survey.</p> <p>Facility Number: 003373</p> <p>Survey Date: 12/12-13/2013</p> <p>Surveyors: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>Albert Daeger Medical Surveyor</p> <p>QA: claughlin 12/19/13</p>	O000000		
Q000241	<p>416.51(a) SANITARY ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. Based on observation and document review, the facility failed to provide a clean environment for 1 patient nutrition refrigerator observed and failed to adhere to standard of practice for mask</p>	O000241	On December 26, 2013 the Infection Control Nurse was counseled by the Administrator and Director of Nursing regarding the patient nutrition refrigerator cleaning, maintenance, and	01/02/2014

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>use within the operating room (OR).</p> <p>Findings include:</p> <ol style="list-style-type: none"> During observations beginning at 12:55 p.m. on 12/13/13, the following were observed: <ul style="list-style-type: none"> (A) The patient nutrition refrigerator in the recovery area was soiled with numerous spills. (B) The physician nor scrub personnel wore mask for epidural procedure performed on patient #22. Facility policy titled "INFECTION CONTROL 50.3 Cleaning" last reviewed/revised 4/29/13 states on page 5: "Patient nourishment refrigerators are cleaned weekly and food checked and removed if outdated." Review of facility log titled "REFRIGERATOR CLEANING LOG 2013" indicated the recovery room nurse had been the individual cleaning the refrigerator throughout the year, however the month November and December were blank. CDC clinical reminder titled "Spinal injection procedures performed without a facemask pose risk for bacterial meningitis" states "Facemasks should always be used when injecting material 		<p>documentation. The Infection Control Nurse agreed to compliance and adherence to accurate documentation. The Director of Nursing will monitor compliance. On December 26, 2013, the Infection Control Nurse was counseled by the Administrator and Director of Nursing regarding the cleaning protocol and accurate documetation of the patient nutrition refrigerator. The Infection Control Nurse agreed to compliace and accurate documetation. The Director of Nursing will monitor the compliance. On December 20, 2013, the Director of Nursing met with Dr. Dean and Dr. Ricky Collis to inform them of the State Report Deficiencies. Masks will be worn when performing epidural procedures by all employees in the procedure room.</p>				

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Q000242	<p>or inserting a catheter into the epidural or subdural space."</p> <p>5. Review of surgery log for 12/13/13 indicated the facility performed > 10 epidural procedures.</p> <p>6. Staff member #1 indicated at the time of observation of OR on 12/13/13 that facility does not require mask use within the OR for epidural procedures.</p> <p>7. Staff member #1 verified that the refrigerator log sheet was blank at 3:00 p.m. on 12/13/13.</p> <p>416.51(b) INFECTION CONTROL PROGRAM The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. Based on document review, the facility failed to ensure the infection control officer was responsible for the infection control activities within the facility.</p> <p>Findings include;</p> <p>1. The infection control officer (staff</p>	O000242	<p>On December 27, 2013, the Infection Control Nurse was counseled by the Administrator regarding the Job Description for the Infection Control Officer and the infection control activities within the facility. It was explained to the Infection Control Nurse that she would be responsible for identifying,</p>	01/09/2014

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S000000	<p>member #N4) indicated in writing on the infection control document request that he/she is "not involved" in establishing techniques and systems for identifying, reviewing, and reporting infections, reviewing employee exposure incidents and making appropriate recommendations to minimize risk, nor reviewing and recommending changes in procedures, policies and programs.</p> <p>3. Staff member #N4 indicated in interview beginning at 11:05 a.m. on 12/13/13 that someone else takes care of following up with physicians post operatively that he/she does not.</p> <p>4. Review of the job description for the infection control officer indicated that he/she was responsible for the above items listed in #1. The job description was signed by staff member #N4 on 5/22/12.</p> <p>This visit was for a State licensure survey.</p> <p>Facility Number: 003373</p>	S000000	<p>reviewing, reporting infections, and exposure incidents to make recommendations to minimize risk. The Infection Control Nurse confirmed her understanding of these job requirements and will comply. The Director of Nursing will monitor for compliance and documetation. The Infection Control Nurse will be trained on January 6, 2014 to compile the Complication Reports and provide accurate documentation. The Director of Nursing will monitor the training and compliance.</p>				

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S000010	<p>Survey Date: 12/12-13/2013</p> <p>Surveyors: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>Albert Daeger Medical Surveyor</p> <p>QA: cloughlin 12/19/13</p> <p>410 IAC 15-2.2-1 COMPLIANCE WITH RULES 410 IAC 15-2.2-1 (a)</p> <p>Sec.1.(a) All centers shall be licensed by the department and shall comply with applicable federal, state, and local laws and rules.</p> <p>Based on documentation review and staff interview, the facility failed to ensure 5 of 5 transportation drivers had a Public Passenger Chauffeurs License as required by policy and state law (A3, A4, A5, A6, and A7).</p>	S000010	The Clinical Director met with the Director of Transportation on December 19, 2013 to determine a plan for educating drivers to acquire the Public Passengers Chauffeurs License. The transportation director will complete his training and acquire a Public Passengers Chauffeurs License by January 31, 2014. He will then be able to instruct and educate the drivers for their	02/28/2014			

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S000400	<p>Findings included:</p> <ol style="list-style-type: none"> 1. Position Description for drivers (last approved 7/25/2011) indicated the drivers are to have a clean record, valid state driver license, chauffeur license, etc., as required by state regulation. 2. The personnel records for A3, A4, A5, A6, and A7 did not evidence the drivers had a Public Passenger Chauffeur License. 3. At 9:30 AM on 12/12/2013, staff member A3, supervisor of the passenger transportation drivers indicated none of his/her drivers have a Public Passenger Chauffeur License. <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(a)</p> <p>(a) The center shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p>		<p>completion of such license. The February 28, 2014 date has been chosen so the drivers will have sufficient time to obtain the physical required by the Department of Transportation. From this time forward, any new driver will be required to hold a Public Passengers Chauffeurs License prior to employment.</p>				

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	<p>Based on observation and document review, the facility failed to provide a clean environment for 1 patient nutrition refrigerator observed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During observations beginning at 12:55 p.m. on 12/13/13, the following was observed: (A) The patient nutrition refrigerator in the recovery area was soiled with numerous spills. 2. Facility policy titled "INFECTION CONTROL 50.3 Cleaning" last reviewed/revised 4/29/13 states on page 5: "Patient nourishment refrigerators are cleaned weekly and food checked and removed if outdated." 3. Review of facility log titled "REFRIGERATOR CLEANING LOG 2013" indicated the recovery room nurse had been the individual cleaning the refrigerator throughout the year, however the month November and December were blank. 4. Staff member #1 verified that the refrigerator log sheet was blank at 3:00 p.m. on 12/13/13. 	S000400	<p>On December 26, 2013 the Infection Control Nurse was counseled by the Administrator and Director of Nursing regarding the patient nutrition refrigerator cleaning, maintenance, and documentation. The Infection Control Nurse agreed to compliance and adherence to accurate documentation. The Director of Nursing will monitor compliance. On December 26, 2013, the Infection Control Nurse was counseled by the Administrator and Director of Nursing regarding the cleaning protocol and accurate documetation of the patient nutrition refrigerator. The Infection Control Nurse agreed to compliace and accurate documetation. The Director of Nursing will monitor the compliance.</p>	01/03/2014			

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S000408	<p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(d)</p> <p>(d) The center shall designate a person qualified by training or experience as responsible for the ongoing infection control activities and the development and implementation of policies governing control of infections and communicable diseases. Based on document review, the facility failed to ensure the infection control officer was responsible for the infection control activities within the facility.</p> <p>Findings include;</p> <p>1. The infection control officer (staff member #N4) indicated in writing on the infection control document request that he/she is "not involved" in establishing techniques and systems for identifying, reviewing, and reporting infections, reviewing employee exposure incidents and making appropriate recommendations to minimize risk, nor reviewing and recommending changes in procedures, policies and programs.</p> <p>3. Staff member #N4 indicated in interview beginning at 11:05 a.m. on 12/13/13 that someone else takes care of following up with physicians post operatively that he/she does not.</p>	S000408	<p>On December 27, 2013, the Infection Control Nurse was counseled by the Administrator regarding the Job Description for the Infection Control Officer and the infection control activities within the facility. It was explained to the Infection Control Nurse that she would be responsible for identifying, reviewing, reporting infections, and exposure incidents to make recommendations to minimize risk. The Infection Control Nurse confirmed her understanding of these job requirements and will comply. The Director of Nursing will monitor for compliance and documentation. The Infection Control Nurse will be trained on January 6, 2014 to compile the Complication Reports and provide accurate documentation. The Director of Nursing will monitor the training and compliance.</p>	01/10/2014			

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S000414	<p>4. Review of the job description for the infection control officer indicated that he/she was responsible for the above items listed in #1. The job description was signed by staff member #N4 on 5/22/12.</p> <p>410 IAC 15-2.5-1 INFECTION CONTROL PROGRAM 410 IAC 15-2.5-1(f)(1)</p> <p>(f) The center shall establish a committee to monitor and guide the infection control program in the center as follows:</p> <p>(1) The infection control committee shall be a center or medical staff committee, that meets at least quarterly, with membership that includes, but is not limited to, the following:</p> <p>(A) The person directly responsible for management of the infection surveillance, prevention, and control program as established in subsection (d).</p> <p>(B) A representative from the medical staff.</p> <p>(C) A representative from the nursing staff.</p> <p>(D) Consultants from other appropriate services within the center as needed.</p> <p>Based on document review and staff interview, the facility failed to ensure</p>	S000414	On December 16, 2013 the Director of Nursing met with the Infection Control Nurse regarding	01/10/2014	

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	<p>infection control meetings were conducted on a quarterly basis for 1 infection control program reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of infection control meeting minutes for previous 12 months indicated there have been only 2 meetings in 2013. The facility had a meeting on 3/12/13 and on 6/10/13. 2. Staff member #N4 indicated in interview at 11:10 a.m. on 12/13/13 that the infection control meetings are "sporadic" because of the availability of M.D. #1. 		<p>the necessity of quarterly infection control meetings. A meeting was scheduled and held on December 26, 2013, It was decided that the quarterly meeting will be held on the 4th Friday of the last month of each quarter. The Infection Control Nurse will schedule an agenda and hold these quarterly meetings. The Administrator, Director of Nursing, and Medical Director will monitor the compliance.</p>		

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S001026	<p>410 IAC 15-2.5-6 PHARMACEUTICAL SERVICES 410 IAC 15-2.5-6(3)(E)(i)</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>(E) Drugs must be accurately and clearly labeled and stored in specially-designated, well-illuminated cabinets, closets, or storerooms and the following:</p> <p>(i) Drug cabinets must be accessible only to authorized personnel.</p> <p>Based on document review, the facility failed to ensure a second witness wasted controlled substances for 1 controlled substance log book reviewed.</p> <p>Findings include;</p> <p>1. Review of the controlled substance log book had instances where the controlled substance wastage had no witness including, but not limited to:</p> <p>(A) On 10/11/13 Versed 3 mg was wasted by one (1) staff member only.</p> <p>(B) On 10/13/13 Versed 2 mg was wasted by one (1) staff member only.</p> <p>(C) The form required a second nurse signature for waste.</p>	S001026	<p>On December 20, 2013, the Director of Nursing met with staff members to educate them on the controlled substance protocol. Going forward there will be 2 nurses counting in and out on narcotics. Wastes of controlled substances were aslo discussed and confirmed that there will be 2 nurses witnessing and signing a waste. The Director of Nursing and the Pharmacy consultant will monitor for compliance.</p>	12/20/2013			

