

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001129	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/22/2013
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NAME OF PROVIDER OR SUPPLIER CARMEL AMBULATORY SURGERY CENTER LLC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 13421 OLD MERIDIAN ST CARMEL, IN 46032
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S000000	<p>This visit was for investigation of a State complaint.</p> <p>Complaint: #IN00137140 Substantiated: State deficiencies related to the allegations are cited.</p> <p>Facility Number: 003497</p> <p>Survey Date: 11/22/2013</p> <p>Surveyor: Sandra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 12/16/13</p>	S000000		
S000328	<p>410 IAC 15-2.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-2.4-2(b)</p> <p>(b) The center shall take appropriate action to address the opportunities for improvement found through the quality assessment and improvement program as follows:</p> <p>(1) The action must be documented. (2) The outcome of the action must be documented as to its effectiveness, continued follow-up, and impact on patient care.</p>			

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>Based on medical record review, administrative document review, and interview, the facility failed to implement an additional check with the time-out process to prevent wrong vessel surgery.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Review of the facility's Quality Assurance Committee meeting minutes from July 16, 2013 indicated, "The scheduling of wrong vein incident was examined in great detail. There was no procedural issue identified in the facility. The physician scheduled the wrong vein. The physician office has identified a procedural change within the office to keep this incident from being repeated. This incident will be discussed with the Medical Staff." The minutes indicated staff members A1 and A3 were in attendance. 2. Review of the Medical Staff meeting minutes from July 23, 2013 indicated, "[Physician], Chairman of the Quality Assurance Committee, discussed with the Medical Staff the importance of scheduling the correct procedure and making sure that what was scheduled and what was on the H&P are consistent. The incident was discussed in detail. [Physician] discussed the 	S000328	The Pre-Op RN will verify that Procedure on Consent matches procedure stated on a current History and Physical. The Recovery Room Charge Nurse is responsible for communicating this requirement to staff RNs. The Recovery Room Charge Nurse will prepare study for next quarterly QA meeting in January to verify that both match.	12/30/2013			

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	<p>procedural changes made in the office to prevent this from occurring in the future. After much discussion, it was determined that the one case concerning a physician not scheduling the correct case was a surgeon issue not a surgery center issue. The Surgery Center staff did all of the correct procedures. A change that will occur in the Surgery Center for vein cases is that during the time-out in the OR, the circulating nurse will present the sonogram to the surgeon to verify the correct vessel is scheduled. The Medical Staff agreed this was the appropriate correct action and agreed that the surgery center was not at fault on this case." The minutes indicated staff members A1 and A3 were in attendance.</p> <p>3. The medical records for patients N6 and N7, who had vein procedures on 11/01/13 performed by MD1, were reviewed. The records lacked any documentation by the circulating nurse that the sonogram was presented to the surgeon at the time-out to ensure the correct vessel was scheduled. The records also lacked any other documentation to indicate this process was followed.</p> <p>4. At 12:10 PM on 11/22/13, MD1 was interviewed and indicated a process that</p>			

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	<p>was implemented for their specific practice was to have the ultrasound results from the office in the OR to look at with the time-out check.</p> <p>5. At 1:30 PM on 11/22/13, staff member A1 was asked about the implementation of providing the ultrasound report in the OR at the time-out check since it could not be determined by medical record review. He/she indicated he/she was unaware of this process and as far as he/she knew, the nurses did not provide the report in surgery. Staff member A3 indicated he/she thought the process was implemented since that was what was decided at the medical staff meeting. Both staff members confirmed this process could not be determined by medical record review.</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 medical record review and interview, the physician failed to compare the surgical history and physical with the prior office history and physical and plan to update or make any changes and ensure the correct procedure was performed for 1 of 4</p>	S000772	The surgeons have been verifying procedures with ultrasound. Beginning today, the circulating RN will document surgeon verifying ultrasound with consent during time out on vein procedures on the Intra-op Record. The OR charge nurse has communicated to staff RN's	12/30/2013			

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	<p>patients who received surgical vein procedures (#N1).</p> <p>Findings included:</p> <p>1. The medical record for patient N1 indicated a 3 page copy of an office visit with MD1 on 03/12/13 that included a complete history and physical. The physician indicated the Impression and Plan was reflux of the right SPJ and small saphenous vein with the patient being an ideal candidate for "right leg phlebectomies and VNUS closure of the smaller saphenous vein" (this was in bold print). MD1 completed a center Surgical History and Physical form on 05/03/13, the day of surgery, and wrote, "Right leg RF ablation of GSV [greater saphenous vein] w/phlebectomy" for the treatment plan. The surgical consent was signed for "Right leg radiofrequency ablation of greater saphenous vein or possible ligation/stripping without phlebectomies" and this was the procedure performed.</p> <p>2. At 12:10 PM on 11/22/13, MD1 was interviewed. He/she indicated the correct leg, but the wrong vein was ablated on patient N1. He/she indicated the GSV (greater saphenous vein) was the procedure performed 95% of the</p>		to document verification with time out. A study will be presented by the OR Charge Nurse at a Quarterly QA committee meeting in January documenting that this new procedure is being documented.				

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	<p>time, but in this patient's case, it was the SSV (small saphenous vein) that was the problem. He/she indicated the office scheduler scheduled the patient for the wrong vein and it was unclear how this happened.</p> <p>3. A telephone interview was conducted with staff member A3 at 10:00 AM on 12/06/13. He/she indicated the facility prepared the consent to be signed by the patient based on the scheduling form from the physician's office. He/she confirmed the office History and Physical document and the ultrasound results would have been on the patient's chart prior to surgery and available for the physician to review.</p>				