

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15C0001161	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/11/2013
NAME OF PROVIDER OR SUPPLIER  INDIANA ENDOSCOPY CENTERS (FISHERS)			STREET ADDRESS, CITY, STATE, ZIP CODE 10967 ALLISONVILLE RD STE 100 FISHERS, IN 46038		
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Q0000	<p>This visit was for a re-certification survey.</p> <p>Facility Number: 012112</p> <p>Survey Date: 1-7/10-13</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 01/25/13</p>	O0000			

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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Q0105	<p>416.44(c) EMERGENCY EQUIPMENT Emergency equipment available to the operating rooms must include at least the following:</p> <ul style="list-style-type: none"> <li>(1) Emergency call system.</li> <li>(2) Oxygen.</li> <li>(3) Mechanical ventilatory assistance equipment including airways, manual breathing bag, and ventilator.</li> <li>(4) Cardiac defibrillator.</li> <li>(5) Cardiac monitoring equipment.</li> <li>(6) Tracheostomy set.</li> <li>(7) Laryngoscopes and endotracheal tubes.</li> <li>(8) Suction equipment.</li> <li>(9) Emergency medical equipment and supplies specified by the medical staff.</li> </ul> <p>Based on document review and interview, the facility failed to ensure there was emergency oxygen available to the operating room areas.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of facility policies, procedures and other documents indicated there were none to ensure emergency oxygen was available to the operating room areas.</li> <li>2, In interview, on 1-9-13 at 4:25 pm, employee #A2 confirmed the above and no other documentation was provided prior to exit.</li> </ol>	O0105	<p>Policy 5.142 (Crash Cart Inventory List) has been amended to include oxygen availability to the procedure room areas (see attachment Q105). This was approved by the Medical Staff on 1/22/13 and will be forwarded to the Board at its next meeting. Oxygen was already available to the procedure rooms, but there was no policy to reflect that. The policy will remain active and it is the responsibility of the Clinical Manager to enforce this policy.</p>	01/22/2013	

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Q0201	<p>416.49(a) LABORATORY SERVICES</p> <p>If the ASC performs laboratory services, it must meet the requirements of Part 493 of this chapter. If the ASC does not provide its own laboratory services, it must have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with Part 493 of this chapter. The referral laboratory must be certified in the appropriate specialties and subspecialties of services to perform the referral test in accordance with the requirements of Part 493 of this chapter. Based on document review and interview, the facility failed to have a written policy and procedure for describing how facility employees would perform urine pregnancy tests.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. In interview, on 1-7-13 at 10:45 am, employee #A2 indicated facility employees performed urine pregnancy tests.</li> <li>2. Review of the facility's policies, procedures and other documents indicated there were none describing how facility employees would perform urine pregnancy tests.</li> <li>3. In interview, on 1-9-13 at 4:30 pm, employee #A1 confirmed there were no written policies and procedures describing how facility employees would perform</li> </ol>	Q0201	<p>A new policy was created (5.21C - see Attachment Q201) to reflect how facility employees would perform urine pregnancy tests. This was approved by the Medical Staff on 1/15/13 and again by the Board on 1/22/13. In-servicing was done with staff per the Clinical Manager. An annual competency check was devised (see Attachment Q201 competency) in order to assure the policy is being followed uniformly. The Clinical Manager is responsible for enforcing this policy and the annual competency check.</p>	01/22/2013			

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	urine pregnancy tests and no other documentation was provided prior to exit.			

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Q0222	<p>4166.50(a)(1)(i) NOTICE - POSTING In addition, the ASC must - Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman. Based on observation, document review and interview, the facility failed to include to post that a patient has a right to receive care in a safe setting.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On 1-8-13 at 10:30 am, in the presence of employees #A1 and #A2, the patient rights were observed to be posted in the reception area. Review of the posting indicated it did not include the right of the patient to receive care in a safe setting.</li> <li>In interview, on 1-8-13 at 10:30 am, employees #A1 and #A2 indicated the posting did not indicate the right of the patient to receive care in a safe setting.</li> </ol>	O0222	<p>Risk management provided us with a sticker to place on the Patient Rights poster that is currently posted (see Photo Attachment Q222). The sticker contains the verbiage: "a patient has a right to receive care in a safe setting". This sticker was placed on the current poster on 1/30/13, per the Clinical Manager. It is the responsibility of the Clinical Manager along with the Risk Management Director to ensure the Patient Rights poster is current with the most recent requirements.</p>	01/30/2013	

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Q0242	<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.</p> <p>Based on observation, document review and interview, the facility failed to follow its policy/procedure and manufacturer's recommendations for disinfecting solution.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 01-07-13 at 1450 hours in the soiled workroom, a container labeled "Cidex" was observed.</li> <li>2. Review of policy/procedure Reprocessing indicated the following: "S. Perform quality control for Rapidicide and Cidex OPA. Please follow manufacturer's recommendations for Rapidicide and Cidex OPA solution to test strips." This policy/procedure was last reviewed/revised on 08-04-11.</li> <li>3. Review of the manufacturer's recommendations for Cidex OPA indicated the following:</li> </ol>	00242	The Cidex OPA test strips had been ordered and were delivered on 1/8/13. As of 1/8/13, there have been Cidex OPA test strips on site for proper solution efficacy testing. There is a process in place for monitoring adequate inventory to prevent this from happening again. The endoscopy tech and the charge nurse are responsible for monitoring proper inventory.	01/14/2013			

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	<p>"Use Cidex OPA Solution Test Strips to monitor ortho-phthalaldehyde concentration before each use to detect the MEC (0.3%)."</p> <p>4. On 01-07-13 at 1450 hours, staff #45 confirmed the facility had no test strips to test the Cidex solution.</p>				