

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001130	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2014
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NAME OF PROVIDER OR SUPPLIER ENDOSCOPY CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13421 OLD MERIDIAN ST STE 150 CARMEL, IN 46032
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S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 003498</p> <p>Survey Date: 6/17/2014 through 6/18/2014</p> <p>Surveyors:</p> <p>Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Saundra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 06/23/14</p>	S000000		
S000400	<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>Based on documentation review,</p>	S000400	The facility maintenance personnel will record temperature	06/30/2014

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>observation and staff interview, the facility failed to record the temperature and humidity levels of the two Procedure Rooms.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Endoscopy Center Medical Staff Meeting January 31, 2014 indicated the Medical Staff approved Association of periOperative Registered Nurses (AORN) as guidelines for the facilities policies and procedures. 2. AORN supports the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) guidelines on temperature and humidity ranges for perioperative settings. The Operating Rooms temperature range should be between 68 F and 73 F. The humidity should be between 30% and 60%. 3. Endoscopy Center Policies and Procedures Environmental Control in the Perioperative Setting (last 		<p>and humidity of procedure rooms every patient care day. This will be supervised by Executive Director. The temperature and humidity log will be reviewed by the Quality Assurance Committee Quarterly.</p>				

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S001174	<p>reviewed 1/31/2014) stated, "Intraoperative air quality shall be maintained within standards. Measures shall be taken to maintain the air quality in the operating room."</p> <p>4. At 10:00 AM on 6/18/2014, procedure room #2 was entered and the wall mounted thermostat had a temperature reading of 69.1 F; however, the device did not record the humidity within the room.</p> <p>5. At 10:15 AM on 6/18/2014, staff member #1 indicated the surgery center's staff have not been recording the temperature and humidity levels in the two procedure rooms as per policy and standards.</p> <p>410 IAC 15-2.5-7 PHYSICAL PLANT, EQUIPMENT MAINTENANCE, 410 IAC 15-2.5-7(b)(5)(A)</p> <p>(b) The condition of the physical</p>			

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	<p>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>(5) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, must be kept clean and orderly in accordance with current standards of practice, including the following:</p> <p>(A) Environmental services must be provided in such a way as to guard against transmission of disease to patients, health care workers, the public, and visitors by using the current principles of the following:</p> <p>(i) Asepsis. (ii) Cross-contamination prevention. (iii) Safe practice.</p> <p>Based on observation, manufacturer's directions, policy review, and interview, the infection control committee failed to ensure environmental services were provided to ensure the safety and well-being of the patients treated in the facility.</p> <p>Findings included:</p> <p>1. During the tour of the facility at 10:50 AM on 06/18/14, accompanied by staff member A8, the following items were observed in the surgery area housekeeping closet:</p>	S001174	<p>The Executive Director met with housekeeping service on Monday, June 23, 2014 to clarify expectations concerning the housekeeping policies. These policies included the mixing of the chemicals, new mop and cleaning rags every night and reviewed policy and procedures for actual cleaning routine.</p> <p>The Infection Control Preventionist will observe and document the cleaning staff activity on a Quarterly basis. Infection Control Preventionist will observe and document the housekeeping procedures and processes on a quarterly basis. She will verify that the solutions</p>	06/30/2014

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	<p>A. A mop handle with a damp mop head sitting in an empty mop bucket.</p> <p>B. A plastic caddy containing a container of "Rest Stop" disinfectant cleaner, a can of stainless steel cleaner, a toilet brush, and a damp, soiled rag.</p> <p>C. An almost empty container of "Rest Stop" cleaner with a spray nozzle.</p> <p>D. A container of "pH 7 Q" disinfectant solution with label directions to use 2 ounces of chemical for each gallon of water.</p> <p>E. A shelf containing approximately 20 containers of "Rest Stop" cleaner.</p> <p>F. A shelf containing clean dust mop heads, but no mop heads.</p> <p>G. A plastic 16 ounce measuring cup that appeared new, still with store labels attached.</p> <p>2. At 10:50 AM on 06/18/14, staff member A8 indicated nursing staff cleaned the procedure rooms using Cavicide wipes and the items in the closet were used by the cleaning staff who came after hours.</p> <p>3. The facility policy "Housekeeping Policy", last reviewed 01/31/14, indicated, "A. Contract service company shall be provided with appropriate procedural guides for cleaning all areas of the Center. Such procedures to be considered as an addendum to the</p>		are appropriately mixed and appropriately used as per manufacturing guidelines. This will start on 6/30/2014. The Executive Director will oversee the Infection Control Preventionist to assure the observation and documentation is completed.				

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	<p>contract. B. Director shall confirm with contract service that employees are instructed in proper procedures. ...D. Location of Supplies: 1. Supplies used in the cleaning of the recovery room, operating rooms, surgical hallways, clean processing rooms and soiled rooms shall be located in the housekeeping closet adjoining the surgical hall. ...c. Used mop heads shall be removed from the housekeeping closet after each use (daily) and placed in the designated soiled linen hampers for laundering prior to being brought back to the surgical clean area. ...H. Cleaning Tasks & Frequency: Procedure Rooms- Daily: 1. Clean exposed surfaces of cabinets and countertops with disinfectant. ...4. Clean lights, instrument stands, tables, and stools with disinfectant. ...7. Mop floors with germicidal cleaner. ...Janitorial Closet- Daily: 1. Empty and wipe down mop bucket with germicidal cleaner. 2. Remove mop head and wipe down mop handle with germicidal cleaner. ...5. Remove all wiping cloths and mop heads for laundering."</p> <p>4. Contracted cleaning service staff member C1 was interviewed by phone at 11:15 AM on 06/18/14 since an observation was not possible. He/she indicated he/she had cleaned the facility since 2010 and indicated staff and</p>			

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	<p>patients were usually gone when the cleaning was done. C1 indicated the disinfectant "pH 7 Q" was used both for surface cleaning and for mopping and one ounce of chemical was diluted with water in the spray bottles (32 ounce bottle) and approximately four ounces of chemical was used with water in the mop bucket. He/she indicated there was a measuring cup for the chemical and a line in the mop bucket, but he/she did not go exactly by the manufacturer's directions because the solution left the floors streaky. He/she indicated the chemical "Rest Stop" was a thick solution and was only used for toilets. He/she indicated the mop head was changed weekly, but the mop water was changed 3- 4 times a night when cleaning. He/she indicated clean rags were brought every day, but one rag was used for several rooms. He/she indicated the cleaning staff brought in clean rags and took away the dirty ones.</p> <p>5. At 11:30 AM on 06/18/14, the Infection Control Nurse, staff member A6, was interviewed. He/she indicated the cleaning company had been with the facility for 10 years, but he/she had only held this position for 3 years and did not do the original training for the cleaning staff. He/she did have documentation of annual mandatory inservicing for the 5</p>						

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	<p>cleaning staff members, including C1. He/she indicated he/she did quarterly observations of the cleaning staff, but did not have documentation of this. He/she indicated at the last observation, both the measuring cup and the mop bucket had markings to assure the correct concentration of chemical was used for cleaning. He/she confirmed that based on the closet observations and the interview with C1, it could not be determined that chemicals and supplies were used according to policy and expectations.</p> <p>6. At 12:10 PM on 06/18/14, staff member A1 indicated the nursing staff actually performed most of the terminal cleaning of the procedure rooms, but confirmed the discrepancies with the housekeeping staff and chemical use.</p>				