

Indiana State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15C0001011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>11/01/2022</b>
NAME OF PROVIDER OR SUPPLIER <b>SURGICAL CARE CENTER INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9202 N MERIDIAN STREET SUITE 150 , INDIANAPOLIS, Indiana, 46260</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	INITIAL COMMENTS  This visit was for a state licensure survey of an Ambulatory Surgery Center.  Facility Number: 005392  Survey Dates: 10-31-2022 to 11-1-2022  QA: 11/7/2022	S0000		
S0228	GOVERNING BODY; POWERS AND DUTIES  CFR(s): 410 IAC 15-2.4-1  410 IAC 15-2.4-1(e)(4)  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:  (4) Ensure that the center maintains a written transfer agreement with one (1) or more hospitals for immediate acceptance of patients who develop complications or require postoperative confinement, and that all physicians, dentists, and podiatrists performing surgery in the	S0228		12/01/2022

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0228	Continued from page 1  center maintain admitting privileges  at one (1) or more hospitals in the  same county or in an Indiana county  adjacent to the county in which the  center is located.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on document review and interview, the facility failed to ensure that one (1) of five (5) physicians maintained admitting privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located (MD4).  Findings include:  1. Review of facility credential files indicated that MD4, Medical Doctor, did not have admitting privileges for a hospital in the same county or in an Indiana county adjacent to the county in which the center is located.  2. In interview on 11-01-2022 at 13:45 pm, employee #A1, Director of Nursing, confirmed the above and no other documentation was provided prior to exit.	S0228		
S0710	MEDICAL STAFF; ANESTHESIA AND SURGICAL  CFR(s): 410 IAC 15-2.5-4  410 IAC 15-2.5-4(a)(4)  The medical staff shall do the  following:  (4) Maintain a reasonably accessible  hard copy or electronic file for each  member of the medical staff, which  includes, but is not limited to, the	S0710		12/01/2022

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S0710	Continued from page 2 following:  (A) A completed, signed application.  (B) The date and year of completion of all Accreditation Council for Graduate Medical Education (ACGME) accredited residency training programs, if applicable.  (C) A current copy of the individual's:  (i) Indiana license showing date of licensure and number or available data provided by the health professions bureau. A copy of practice restrictions, if any, shall be attached to the license issued by the health professions bureau through the appropriate licensing board.  (ii) Indiana controlled substance registration showing number as applicable.  (iii) Drug Enforcement Agency registration showing number as applicable.  (iv) Documentation of experience in	S0710		

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S0710	<p>Continued from page 3</p> <p>the practice of medicine.</p> <p>(v) Documentation of specialty board certification as applicable.</p> <p>(vi) Documentation of privilege to perform surgical procedures in a hospital in accordance with IC 16-18-2-14(3)(C).</p> <p>(D) Category of medical staff appointment and delineation of privileges approved.</p> <p>(E) A signed statement to abide by the rules of the center.</p> <p>(F) Documentation of current health status as established by center and medical staff policy and procedure and federal and state requirements.</p> <p>(G) Other items specified by the center and medical staff.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure that one (1) of five (5) physicians maintained surgical privileges at one (1) or more hospitals in the same county or in an Indiana county adjacent to the county in which the center is located (MD4).</p> <p>Findings include:</p>	S0710		

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