

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15C0001047	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2022
NAME OF PROVIDER OR SUPPLIER WHITEWATER SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHESTER BLVD PO BOX 399, RICHMOND, Indiana, 47374	
(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: 001222 Survey Dates: 11-9-2022 to 11-10-2022 QA: 11/14/22	S0000		
S0414	INFECTION CONTROL PROGRAM CFR(s): 410 IAC 15-2.5-1 410 IAC 15-2.5-1(f)(1) (f) The center shall establish a committee to monitor and guide the infection control program in the center as follows: (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: (A) The person directly responsible for management of the infection surveillance, prevention, and control	S0414		11/28/2022

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S0414	Continued from page 1 program as established in subsection (d). (B) A representative from the medical staff. (C) A representative from the nursing staff. (D) Consultants from other appropriate services within the center as needed. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on document review and interview, the facility failed to ensure the appropriate number of infection control meetings were held (missing 1 of 4). Findings include: Review of the policy titled: Infection Control Plan, last approved 08/18/22, indicated the Infection Control committee will meet quarterly. Review of the Infection Control meeting minutes indicated a meeting on 12/21/21, 03/17/22 and 08/24/22; only three of the required four quarterly meetings. Interview with P1 (Registered Nurse) on 11/10/22, at 12:20 pm, confirmed that an Infection Control Meeting was not conducted during the second quarter of 2022.	S0414		
S1010	PHARMACEUTICAL SERVICES CFR(s): 410 IAC 15-2.5-6 410 IAC 15-2.5-6(3)(A) Pharmaceutical services must have the following: (3) Written policies and procedures developed, implemented, maintained,	S1010		11/14/2022

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S1010	<p>Continued from page 2</p> <p>and made available to personnel, including, but not limited to, the following:</p> <p>(A) Drug handling, storing, labeling, and dispensing.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure proper wasting of narcotics was completed in 2 of 2 narcotic sheets reviewed.</p> <p>Findings Include:</p> <p>Review of policy titled: Controlled Substances, last approved 08/18/22, indicated that a Registered Nurse (RN) and a witness will document the waste by signing their name and title in the appropriate Narcotic Control Sheet column.</p> <p>Review of the Narcotic Control Sheet for OR (operating room) 1 and OR2 on 11/08/22 lacked documentation of RN and witness signature for wasting of a narcotic, in the appropriate Narcotic Control Sheet column.</p> <p>Interview with P1 (Registered Nurse) on 11/10/22 at 12:20 pm confirmed lack of a witness and RN signature for wasting of a narcotic, in the appropriate Narcotic Control Sheet column.</p>	S1010		